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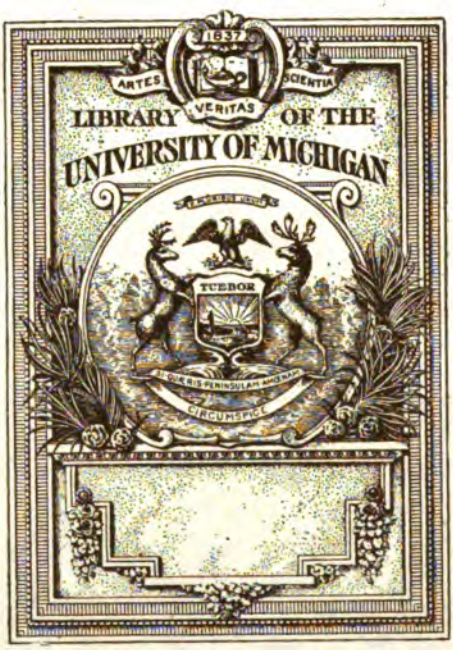

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The Medical World

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VOL. XXXII JANUARY, 1914 No. 1

Narcotic Evils and Legislation.

The control of the sale of narcotics is one that is now occasioning a great deal of difficulty to the police authorities of the entire country. We have in our columns of late been calling attention to numerous objections to many of the bills which have been enacted at the behest of druggists or the clauses that have been appended to other bills, which interfere with the dispensing of drugs by physicians. Among others, we long ago pointed out some objections to such a law passed in Ohio. The druggists and physicians in that state are now finding out how badly that law works. The *Lancet-Clinic* for November 29, 1913, calls attention to certain discrepancies in that law. In the comment on the inadequacy of the bill the editor of the above-named publication says —what we have pointed out frequently— that such a bill should be framed under the guidance of the *medical profession.*

The legislature of Tennessee has enacted an antinarcotic law similar to the national antinarcotic bill that has not yet passed Congress.

We wrote to Senator Penrose regarding the present status of national antinarcotic legislation, and the following is his reply:

U. S. SENATE.
WASHINGTON, D. C., Dec. 17, 1913.

Dr. C. F. Taylor, Philadelphia, Pa.:

DEAR DOCTOR:—I have yours of the 15th instant regarding the antinarcotic bills. These bills do not require reintroduction as you suggest in your letter. Congress is a continuous proceeding, notwithstanding adjournment, of the two years of the life of a Congress, and the bills hold over from one session to another until Congress expires by limitation, which in the case of the present Congress will be on March 4, 1915.

The antinarcotic bills referred to by you have passed the House of Representativs and have been pending before the Finance Committee of the Senate. There have been three such bills and two of them have been favorably reported by the Finance Committee, and the other will doubtless be acted upon favorably in due time as I know of no opposition to it, except that I believe some physicians from Ohio want to be heard on it.

I am sending you, under separate cover, the bills as they were reported from the Committee to the Senate with certain amendments put in by the Committee, together with the report of the subcommittee of the Finance Committee on the same, for your information.

No legislation could be considered during the special session of Congress except the tariff measure and a few appropriation bills, and later on the Currency bill. The special session was called expressly for the consideration of tariff and currency legislation and the Senate has been sitting continuously since the 4th of last March and, of course, had no opportunity for consideration of any other measures except the pending ones. The tariff bill has now become a law and it is hoped the Currency bill will be disposed of at an early date. This will permit the consideration of general legislation and the antinarcotic bills will doubtless be taken up at an early date and acted upon favorably. Yours truly,

BOIES PENROSE.

The bills sent by Senator Penrose were the Harrison bill, H. R. 6282, known as the national antinarcotic bill; H. R. 1967, Senate No. 105, regulating the manufacture of smoking opium, the report of the committee on the same; and H. R. 1966, Senate No.

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106, to prohibit the importation and use of opium for other than medicinal purposes, and the report of the committee on this bill. It is to be hoped that the Senate will be able to give all these bills prompt attention and assent that they may become laws, particularly the one which we have given so much attention, H. R. 6282.

The sale of heroin by druggists to those addicted to its use is getting so extensiv that the Department of Agriculture of the United States Government has issued a warning concerning such sales, which are especially prevalent in states in which its sale is not specifically restricted. It is now being used by those who formerly consumed morphin or cocain and who cannot now obtain the latter drugs. The circular mentions Pennsylvania as being one of the main places of sale of this drug. We have information, however, that leads us to believe that it is purchast for similar purposes in other states. It is popularly called "snow" by those addicted to its use.

The circular of the Department of Agriculture calls attention to five sudden deaths in Philadelphia during the past year from heroin poisoning, following an overdose by the victim. This drug appears to be far more dangerous, used habitually, than morphin or cocain. Drug fiends apparently are able to consume relativly large quantities of the two other drugs, but any unusual increase in the amount of heroin taken is very likely to result in death. The circular also states that one druggist in Pennsylvania, whose store was located in an undesirable section of his city, has been buying heroin tablets in 25,000 lots. The police authorities of Scranton, Pa., also are exercised over a sudden death from heroin in that city.

As we have said before, not all druggists are engaged in the nefarious practise of catering to drug addicts, and we do not condemn the entire profession. But there are some whose dealings require careful scrutiny, and it should be the aim of all narcotic legislation to inquire into the purchasing of large quantities of these drugs by anybody, and these should be required to render an account of their dealings.

Doctors, Druggists and Dispensing.

From various parts of the country come encouraging words concerning our attitude on the subject of laws designed to prevent physicians from dispensing drugs. The profession is beginning to be imprest by the importance of protecting their ancient right to dispense remedies to their patients. Writers and editors are taking up the subject in various ways and discussing it from different viewpoints. We have always believed that the physician is capable of dispensing the drugs he considers his patient requires, and we have so exprest it ourselves very frequently, during the past few months especially.

There has been a studious effort by druggists' associations to pass bills, or add clauses to bills on other subjects, to prevent physicians from dispensing, or hamper them in doing so. It is our belief that the druggists should unite with the doctors and favor such legislation as will aid both and not interfere with either in the pursuit of their vocations.

The *Journal of the National Association of Retail Druggists* for December 4, 1913, mentions a letter received at its office from "a good friend in the medical profession" stating that the medical profession was not organized to secure the legislation it needed. The editor of the *Journal* suggests that the medical and pharmaceutic professions *unite* and go after the legislation they need. This is exactly what we think should be done. We have always recommended that these two professions work hand in hand and not antagonistically. Only then will the best interests of both be conserved. The time cannot be far off when these two professions will see that they must travel the same paths together peacefully, or both lose by their antagonism.

The following legislatures assemble in January of this year, and a sharp lookout should be kept by the medical profession to see that no bill is introduced that will hamper their professional labors: Kentucky, Maryland, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina and Virginia. The Louisiana legislature meets in May, and Georgia's legislature in July.

The Kinetic System.

A decade ago Dr. Charles E. de M. Sajous announced the results of his many years of investigation of the ductless glands, which led him to believe that they formed a peculiar system, which he designated the "adrenal system," consisting of the pituitary, thyroid and adrenal glands. In a very elaborate treatise* he described this

*"The Internal Secretions and the Principles of Medicin." 2 vols. Phila., F. A. Davis Co., publishers.

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system, its functions, diseases, therapeutics, etc., in minute detail. Many writers and investigators since that time have corroborated many of his statements.

Dr. George W. Crile has been working out an hypothesis on related subjects. In a recent publication† he gives a brief account of it. According to Dr. Crile's researches, the brain cells, thyroid, muscles, adrenal glands, liver and pancreas constitute a "kinetic system" able to transform potential energy into kinetic energy. In other words, its function is to arouse and energize the tissues into various activities.

In Dr. Crile's system the brain is the central battery which drives the system, the thyroid governs the conditions favoring tissue oxidation (somewhat similarly to Sajous' views in regard to the thyroid's functions), the adrenals govern immediate oxidation processes, and the muscles are the converters of latent energy into motion and heat.

According to this writer, the brain, adrenals, thyroid, liver and pancreas may act either directly or indirectly thru other glands and tissues by causing changes in acidity and alkalinity. That is, the pancreas and the adrenals may so govern the acidity and the alkalinity as to facilitate or inhibit the conversion of energy (perhaps thus allowing magnesium infiltration of the tissues, as advanced by Aulde‡) into action. Recent observations by Crile and his assistants as to the effect of acidity and alkalinity on the brain cells correspond closely with the brain-cell changes seen in animals in which the adrenals and the pancreas, respectivly, were excised. The relationship of this condition to diabetes is plain.

Adrenalin, thyroid extract, brain activity and muscular activity alone are capable of causing the body temperature to rise above normal. The mere functional activity of no other gland or secretion can do so.

Crile studied the brain cells in human cases of fever and in animals after injecting the toxins of gonococci, staphylococci, colon bacilli, tetanus bacilli, diphtheria bacilli, typhoid bacilli and foreign proteids; also after injecting indol, skatol, leucin and peptone. In all cases the brain-cell changes were precisely the same as those seen after muscular exertion. The brain-cell changes caused by infection could not be distinguisht from those wrought by ordinary physical work, emotional excitation, physical injury or exhaustion from overdoses of strychnin. Every influence that caused changes in the brain cells produced either muscular work or fever. He concluded that the changes in the brain cells in infections constituted "work" changes. He therefore offers the postulate that the "work" thus performed is that of converting stored energy into heat thru activation of the muscles, just as the brain causes the conversion of energy in the muscles into motion, which fact is proved by the physical alteration of the brain cells as a result of intense activation. Morphin was found to inhibit brain-cell activity.

He adduces the following statements to support his argument that the stimulation of the brain cells without accompanying activity of the skeletal muscles and without infection can produce fever: 1. Numerous experiments were made on animals, which were subjected to fear without any exertion of the skeletal muscles and high fever was produced. 2. Observations of rise of temperature in anxious friends of patients during operations on the latter. 3. Rise of temperature in patients caused by anticipation of a surgical operation.

Impairment of the various organs in this system leads to a lessened increase of temperature owing to the inability of the diseased or disordered organ to functionate to the limit of its ability when so diseased.

Adrenalin causes increast brain activity. Intense emotional stimulation, toxins and foreign proteids cause an increast secretion of adrenalin, provided the nerve supply to the adrenals is intact. Adrenalin alone performs every function performed by the autonomic nervous system except one. Adrenalin raises the blood pressure, stimulates and slows the heart, governs the output of glycogen by the liver, inhibits the intestinal contractions, widens the alveoli of the lungs, increases oxygen consumption by the muscles, dilates the pupil, causes uterine contractions, erects the hair and causes sweating. The exception is in not stimulating the adrenal gland to greater activity. Hence his belief that the brain drives the adrenal glands (Sajous says it is the pituitary body that activates the adrenal glands and pituitary extract is now used for that purpose) and the adrenal secretion in turn drives the autonomic nervous system, and the autonomic nervous system causes many of the leading phenomena

†"The Kinetic System," *Cleveland Medical Journal*, October, 1913.

‡"The Chemic Problem in Nutrition (Magnesium Infiltration)." Publisht by John Aulde, M.D., Phila.

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seen in muscular activity, emotion and fevers.

Thyroid secretion also produces fever.

Anything that damages any one part of the system or any one organ also damages the entire system. When anything occurs that is inimical to this system, necessarily the entire system arises to combat the enemy. No chain is stronger than its weakest link. Therefore when the system is attackt, the weakest organ fails and becomes diseased, a condition of overwork, and the result of overwhelming the kinetic system is "shock." If the brain fails, neurasthenia, nerve exhaustion or even insanity may ensue. If the thyroid cannot endure the strain, some form of goiter results. If the adrenal glands fail, cardiovascular disease or glycosuria may develop.

Dr. Crile does not mention any treatment for these conditions, but we can suggest, from our reading, morphin as a conserver of brain-cell material; strychnin, lecithin and the phosfates for repair, and perhaps also quinin. Dr. Crile's statement that morphin protects the brain cells from exhaustion accounts for the good results von Krafft-Ebing,§ of Vienna, secured in treating insanity with opium.

Non-Medicinal Treatment.

The non-medicinal treatment of disease is getting to be more and more useful each day. People are learning that some ailments will yield to methods of manual treatment without the necessity of taking medicin, and as they learn of it, they want it. Many a person has taken considerable quantities of drugs, and taken them for a great length of time, but without relief. Not only have doctors prescribed them, but druggists have kindly prescribed them over the counter, and in other instances newspaper and magazine advertising has led hosts of people to dose themselves with no end of drugs, many of which had little value for the ailment of the consumers, who, in the latter instances, had no one to carefully diagnose their disease.

Many a chronically recurring pain that originated with rheumatism will not respond to rheumatic remedies. Many an ache and pain that cannot be properly traced to its time of beginning will be found to be due to a pathologic condition along the spine. This may or may not be adhesions. It may be stiffness of tissues from various causes. It may be due to spinal curvature causing pressure.

Whatever the cause, the treatment is to relieve the pathologic condition. We must confess that we know of no drug that will do it. Its proper treatment is by some form of correctly applied mechanotherapy. Loosening up of the tightened and constricted tissues by manipulations or vibration is the treatment to be pursued. We have repeatedly demonstrated this to our satisfaction. We have cured persistent headache of three months' constant duration, with a history of having it at irregular intervals for several years previously. No medicin was given, vibration of sore spots beside the cervical vertebras being the only treatment used. We have successfully used it in many other cases of pains and stiffness. We urge our readers to learn these methods of treatment. We have been urging this for years, and frequently print articles and abstracts on the subject. The human mind is prone to forget, however, doctors especially, since they have so much to think about. But we wish again to remind you of the great usefulness of manual and other non-medicinal methods of treatment.

§"Textbook of Insanity," by R. von Krafft-Ebing. Trans. by C. G. Chaddock. Publisht by F. A. Davis Co., Phila.

BUSINESS TALK TO DOCTORS.

Did you wind up 1913 with a good showing?—or have you wound it up at all? Some doctors, you know, never wind up anything—not even the clock.

How about your bills receivable? Did you get them all out and collected for 1913?

If you didn't, and have a lot of 1913 bills uncollected, what are you going to do with them?

Will you lazily or carelessly neglect them, and let them lose about 1 to 5% per month in value? Unpaid bills lose value very rapidly. The best time to collect a bill is when it is fresh. Neglect a bill six months or a year, and you see how much more difficult it is to get. Is that what you are doing with many of your 1913 bills?

If so, the best New Year's resolve you can make is to *clean up your accounts.* Hire a bookkeeper for several days, or maybe a few evenings will do, and make a clean sweep of them. Put the bills in the hands of a young attorney in your town, or a tactful lady is just as good, and better in some

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instances. Hire the collector by the day, or by the week, or on a commission basis. Or, if you prefer to do the collecting yourself, better use the mail as a first effort. You can write about as follows:

———, January —, 1914.

Mr. —. —. ———:

DEAR SIR:—In going over my books to close them for 1913, I find that your account is as shown on the inclosed statement. As I wish to close my books for the old year, I ask you to kindly call at your early convenience, or send check by mail if more convenient to you. The fact is, I need what is owing to me, to pay my own bills.

Thanking you in advance for early attention, which I hope will be *this week*, I am,

Very sincerely yours,

—. —. ———, M.D.

Some may want a detailed account. Be ever ready to show the detailed account in your books, or offer to send a detailed account by mail. And always take such opportunities to explain that a doctor does not really charge for the details that he is compelled to enter in his book, but the charge is really for the value of the services, and this it is impossible to express in terms of dollars and cents. This you can illustrate by referring to some emergency in his own life or in his family in which the doctor's services were far greater than any charge that could have been made or paid. Thus you can confound the sticklers for details.

And let me ask you to realize the value of a mail communication, thru the post-office, even if the letter is directed to your next-door neighbor. Your communication is taken into the family and discust, and if coucht in courteous and diplomatic terms, will not be considered a "dun." And if it should be so considered by hypersensitiv "thin skins" (who are usually "skins"), you can explain that you send out bills with courteous letters to all your patrons, and that really, bills should be sent on the first of every month until paid, and that most doctors do this as a regular routine. It can be assumed that you do not do so, or you would not have much "cleaning up" to do. I hope that you will adopt the rule to send a bill on the first of every month, to every family that you have served during the month previous, and send a statement of that account on the first of every succeeding month until it is paid.

Some of your patrons may not reply, neither in person nor by letter, to the above letter. To those who do not, write about as follows in about ten days after the first letter:

———, January —, 1914.

Mr. —. —. ———:

DEAR SIR:—On the —th of this month I mailed to all my patrons a statement of account, with a courteous letter inviting attention to the same, and asking payment of amount due. I have heard from nearly all, but not from you as yet. Perhaps you have been unusually busy, or perhaps you have been getting the amount together in order to give me a pleasant surprise in a few days.

Hoping that it is the latter, and trusting that you are well and prosperous, I am,

As ever, your well wisher,

—. —. ———, M.D.

This will bring most of those who have neglected the first notice, and you may get some of the hoped-for "surprises." But some will linger yet, without a reply of any kind. They may have been detained by causes not easy to explain, and their intentions may be good. It is impossible to see into a man's mind, and it is unwise to judge motivs too soon. It will be good policy to continue to "jolly" rather than to threat. So, after about ten days more, write about as follows:

———, January —, 1914.

Mr. —. —. ———:

MY DEAR SIR:—Something unusual must have happened, else you would not neglect my communications so. Is anything distressing you? Please be frank with me. I do not wish to crowd you. I have been patient, and I will be patient longer if you will give me a good reason. Possibly you may prefer to adjust the account by note, with security. If so, come and see me about it, or write me in full. Very truly yours,

—. —. ———, M.D.

If no response comes to this in a week, you would better send a collector around, with instructions to approach in a friendly way and discover the attitude—and the prospect. Then you will know the next move to make.

If you follow out the above program strictly and faithfully, your books will be pretty "clean" by the time you get thru; and you will have most of the money that is due you. Don't be afraid of killing your practise. Any patronage that is scared away by the above program is not worth keeping.

Having thus started the year better than you ended the previous year, you are in good shape to continue on the new basis of efficient collecting.

Don't allow an epidemic, a rush of obstetric practise, nor anything else to interfere with the faithful carrying out of the above collecting campaign. You can so instruct your wife, grown son, bright daughter or an employed clerical assistant, that all the above details will receive attention according to the above schedule, even if you

should be driven day and night and half dead for want of sleep.

Your Wife May Become a Widow.

Now that you have started the year right on the collecting side, how about the disbursements? Let us make the pleasing assumption that you have changed these accounts, which if they remained on your books uncollected would diminish in value very rapidly, into cash in bank. It "feels good" to have a comfortable balance in bank. Possessions in this form do not diminish in value. You can leave it for twenty years and come back and find it intact. If you would treat accounts in this way, would they have any value at all when you return? But you say you are not going away for twenty years. Perhaps not; but *neglect* will have the same effect. I make the above comparison to make the principle plain. Suppose we try another one. Which will be the better off: a doctor's widow left with $1,000 cash in bank, or a doctor's widow left with no cash, but $10,000 in accounts from one to five or ten years old?

And in this connection I want to ask another question. Which would be the better off: a doctor's widow left with $1,000 in bank or invested in an absolutely safe bond or note secured by a good mortgage, the bond or note drawing a moderate interest (4 to 6%), or a doctor's widow left with no cash, but $10,000 invested in the kind of mine and oil stocks, tropical plantation stocks, etc., that are advertised to doctors in flamboyant circulars, printed letters or traveling agents?

Don't be "Dregs."

But let us get back where we started. We assumed that you have cleaned up your 1913 business in pretty good shape. This is one side of the game. You have served your patrons well and have been paid for it. Now how about yourself as a patron? You like your patrons to be square with you; are *you* square as a patron? Are you a *desirable* patron? You are if you pay cash or with reasonable promptness after a bill has been sent to you; but if you never pay cash and neglect your bills, you will be considered like you consider "slow pays," or "no pays." Do you know that the commercial reputation of the medical profession is not very high? that some houses will not sell to doctors because they are, as a class, unsatisfactory patrons? Is it not the duty of every individual doctor to help eradicate this stain from the medical profession? I have had thirty years' experience extending credit to the medical profession of this entire country, and I have lived. I can testify to a vast improvement in that time, particularly in the last fifteen years. Still we have to send quite a bunch of unpaid subscription accounts to our collectors every year, after we have exhausted every device for collecting them. We call these *"dregs."* I suppose there are dregs in every liquid that have to be filtered out in order to make the liquid clear and of proper standard for its purpose. If we could "filter" the medical profession and thus remove the "dregs," it would be an excellent thing for the main body of the profession.

Your most urgent duty when you collect your funds, and the best possible "investment" for whatever funds you can raise from any source, is the *payment of all bills.*

Do you owe a grocery bill? Pay it.

Do you owe a meat bill? Pay it.

Do you owe for dry goods, clothing, shoes, rent, interest, or for anything else in your town or county? To your patrons, set the example of cash transactions or good pay—prompt pay. Let it be known in all the country round that you are that kind of a man, strictly. Then you can reasonably expect your patrons to follow your example, toward you at least. Then they will pay your bills first instead of last.

Do you owe for any medical books?

Do you owe for any surgical instruments?

Do you owe for any drugs?

Do you owe for any medical journals?

If so, pay up. You may have a "good-pay" reputation at home, and a *slow-pay* reputation abroad. This last is what makes the general reputation of the medical profession so bad. Be consistent and have a "good-pay" reputation everywhere your name is known. Do not allow any agent to sell anything to you unless you really want it, but after you have deliberately and, as you think wisely, made the purchase, *pay.*

As to medical journals, treat them just like any other merchandise, and treat the editors and publishers "on the square." There was a time when many doctors felt at liberty to "sponge" on their medical journals. There were so many free sample copies flying around, and so many "organs" were sent without expectation of pay, that many doctors did not regard seriously a bill for subscription to a real medical journal. Things are different now, and the straightforward business way in which this journal

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has dealt with the medical profession is largely responsible for the change. Let me suggest this rule to you: Do not allow any medical journal, nor anything else for that matter, to come into your office unless you expect to pay for it, and don't put off the paying like your "slow pays" neglect your bills. You are getting tired of "slow pays," and so are medical journalists.

Pay Distant Bills by Check.

Here is a fact that will interest you in this connection. Fifteen or twenty years ago much the larger portion of our subscriptions came in the form of dollar bills. Sometimes the letters were registered, and a few checks and drafts came in, and quite a number of postoffice and express money orders. Now much the large part of our subscriptions come in the form of checks and drafts, and very few in currency. I think this indicates an improved financial condition of the profession (due somewhat, I hope, to these "Business Talks"), and a great improvement in the manner of doing business by the profession. It seems that a larger proportion of the doctors now have bank accounts than formerly, and with a check book in your pocket or on your desk it is as easy to pay a bill a thousand miles away as it is to pay a bill across the street. Just write out a check and put it and the bill in an envelope and mail it and the thing is done. No need to write a letter; no need to register for safety. If the check should be lost it cannot be collected by one for whom it was not intended without forgery, which could easily be detected. I do not remember to have lost a dollar that way in my experience; tho several checks have had to be duplicated because the original was lost or destroyed in transit, but without financial loss to the sender or recipient. So we encourage the payment of distant accounts by means of personal checks, or bank drafts which cost the sender nothing.

Now as to medical journals: There are many good ones, and most of them are larger value for their small cost than anything you get. Start the new year right by paying promptly for them, just as you pay the butcher and the baker. Don't be guilty of allowing one to come into your office for which you do not intend to pay. If you want to drop a journal, be good enuf to drop a postal to the editor to that effect; but if you receive it, pay for it. I am saying this more for my journalistic brethren than for myself, for over 7,000 of our subscribers now pay for THE WORLD four years at a time, and the rest are rapidly falling into the four-year habit, as it is cheaper and much less trouble than sending $1 every year. Get in the habit of making out checks for your distant accounts, and you will find it easy, and you will help to build up a reputation for improved business methods and integrity for the medical profession. Now I suppose that nine-tenths of the brethren will not be "hit" by the above; but if it will help one-tenth, or one-twentieth, it is worth while.

But some men are so complaisant and self-satisfied that they will be guilty of all the above and be entirely unconscious of it. They will gloat over the "other fellow" squirming under just criticism, and walk in proud self-righteousness, tho the most guilty of all. How can we penetrate his skin? If we could make him as good as he thinks he is, what a happy transformation it would be.

Remember, *I* have no complaint to make. The profession has been good to me, and I enjoy working for the profession. I want to help make it as good as other people think it ought to be.

An Indiana brother askt if I would advise him to take stock in a certain food company. He seemed to want an immediate reply, so I disregarded my custom and wrote him as follows:

PHILADELPHIA, December 12, 1913.

DEAR DOCTOR:—I advise doctors *against* speculativ investments, as stock in a food company would necessarily be.

I also advise doctors *against* investing in concerns which depend largely upon the favor of the medical profession for their success. This for ethical reasons. A doctor should not be financially interested in what he directs his patients to buy. His judgment is thereby warpt, and it isn't quite honest. Very truly, C. F. TAYLOR.

A Mich. brother asks about the first mortgage building bonds of a certain company. A certain very prominent company of this kind in New York City recently went into receivers' hands. This should be a warning. You can lend money directly yourself on real estate mortgage security. There are opportunities of this kind in your own community. The owners of farms or of good business property in town frequently want to borrow, giving good interest and mortgage security. Ask your banker or a lawyer friend about such, and be sure that the papers are right. Then you get real security and all the interest. No need of giving a

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part of the profit to a bond company, and also weakening your security.

The following, from the Phila. *North American* for November 21st, will interest any who may have invested or been tempted to invest, in Florida Everglades lands:

SOLD 180,000 ACRES LAND UNDER WATER TO 12,000; INDICTED.

$2,000,000 IS INVOLVED IN THE ALLEGED EVERGLADES FRAUD.

VICTIMS IN THIS STATE.

EIGHT MEN ARE ACCUSED OF USING MAILS IN NATION-WIDE SWINDLE.

KANSAS CITY, MO., November 20, 1913.

Eight officials and agents of the Florida Fruit Lands Company were indicted by a federal grand jury here to-day on a charge of conspiracy to use the mails to defraud, in connection with the sale of 180,000 acres of land in the Everglades district to 12,000 purchasers in various states.

Those named in the indictments are Richard J. Bolles, Jacksonville, Fla.; George A. Paddock, Chicago; Jesse L. Billingsly, Jacksonville, Fla.; and John Mathews, R. J. Martin, J. H. Borders, Edward C. Chambers and A. D. Hart, of Kansas City.

The Florida Fruit Lands Company, organized four years ago by R. J. Bolles, of Jacksonville, Fla., is said to control nearly 500,000 acres of land in the Everglades.

It is alleged that 180,000 acres were placed in the hands of Martin and Borders, sales agents in Kansas City, and by them sold in small tracts to 12,000 persons.

Many Pennsylvanians were among the purchasers.

The grand jury investigation was undertaken at the behest of small purchasers who were dissatisfied with drainage conditions on their tracts. It was said that more than $2,000,000 was involved in the sales contracts and that more than $700,000 already has been paid to the company.

Some of the purchasers said their tracts were entirely under water and could be reacht only by boat. Company agents asserted that the state of Florida was under contract to drain the tracts and their canals soon were to be dug and the land put in condition for cultivation. The work was never done.

Deeds to the tracts purchast by the 12,000 persons were executed to trustees to be distributed to the owners. Several weeks ago the trustees brought suit against the company to recover $75,000 for their services. This suit now is pending.

"If my clients have misrepresented the lands they are selling, it was because they were misled by officials of the state of Florida and officials of the United States Department of Agriculture," declared Herbert S. Hadley, attorney for Martin and Borders.

One of our staff received a solicitation to patronize the "Danish Colonial Money Lottery"—$13 for a whole ticket, $6.50 for a half ticket, or $3.25 for a quarter ticket. He turned it over to me to mention here. Only the weak and ignorant put their money into such things.

A happy Hoosier brother sends renewal and says:

Long live THE MEDICAL WORLD. Your advice to M.D.'s is certainly good. As for myself there is no get-rich-quick "duck" slick enuf to talk me out of my hard-earned cash. I started poor, in debt $1,260. Paid every cent, have $10,000 on interest in bank and a mortgage on a good farm; own a nice seven-room house, two-room office; $200 in my pocket, two autos and a wife worth $100,000,000.

Brother Lewis M. Perry, of Broadwell, Ill., sends check for $4; $1 for 1913 and $3 for four years in advance beginning with January, 1914, and says:

I am wondering if any of the family other than the writer know anything of the Rev. Dr. Geo. F. Hall, of the "Disciples of Christ Church," residing in Chicago, Ill., who at one time preacht in Bush Temple of Music on Lord's Day without charge aside from contributions each day. While doing this gratuitous preaching this doctor of divinity was promoting the "Chicago Texas Land and Lumber Co." There appeared to be about 17,000 acres of hard wood timber, about 1,500 stockholders, and about one-half of them preachers. Then he was in Arkansas rice in order to "recoup"; and *now* selling Florida land below the frost line in De Soto County. The report is, the timber and land got away thru the unfaithfulness of the Co. Atty. Robertson. The question is, what has become of the Arkansas rice and 160 acres of land? Now in the generosity and kindness of his Christian soul, this man Hall is disposing of all of his 30,000 acres of Florida land he can to "Chi-Tex." stockholders at $30 and upward per acre, and taking the certificates of stock at 40% on the dollar. It appears the preachers know Hall and I wonder if any of our family of doctors do.

Two of our subscribers ask concerning the present value of the International Lumber and Development Company's stock, and the prospect of ever getting anything out of it. I wrote to the Phila. *North American*, thru the enterprise of which paper this company was exposed, and I have just received the following reply, signed by the manager of the Information Department:

"In reply to your letter of the sixteenth instant would say that the proposition of recovering any money of the International Lumber and Development Company is almost hopeless unless you bring suit against the agent who sold you the stock, using the evidence taken in the U. S. Court here against convicted officials to prove case of false pretense."

It is a pity that there is not better prospect of recovery. All these millions taken right out of the pockets of the people! Here is an impressiv illustration of the importance of making *safe* investments. The lumber company paid 8% for some time, and then all was lost. How much better 4% *and safety* would have been to those unfortunate investors.

In this connection, see the following, clipt from the *North American* for Dec. 2d:

SUES CONVICTED MEN FOR $400,000.

INTERNATIONAL LUMBER COMPANY TRIES TO RECOVER MONEY PAID TO PROMOTERS.

A suit to recover $400,000 from John R. Markley and Isaiah B. Miller, convicted promoters of the International Lumber and Development Company, was instituted yesterday by the company in the United States district court.

It is contended by the company that Markley and Miller contracted to install machinery and extend tramways on the company's plantation in Mexico. They were paid $400,000 to do that work, but according to the evidence at the trial of Markley and Miller and other officials of the company last spring, the work was never accompliskt.

Markley and Miller were both sentenced to prison, but are out on bail pending efforts to get a new trial.

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THE MEDICAL MONTH.

Eighty billion malignant germs, bagged in the wilds of Ecuador and Peru, are being shipt to Harvard College, according to word received at Cambridge, Mass., September 29th, from Dr. A. W. Sellards, of Johns Hopkins University, and three Harvard professors who have just returned from their expedition to South America. They have successfully landed their prey in this country, duty free, as "South American curiosities," and have shipt them to the Harvard bacteriologic laboratory where they will proceed to make a scientific study of the germs at short range. Among these are pellagra, oroya fever, yellow fever, bubonic plague, typhoid fever, a collection known as uta, which is really South American leprosy, and the dreaded black water fever.

The magnitude of the United States Government Meat Inspection Service is shown by the following figures covering the past seven years, the period during which the present law has been in effect: 792 slaughtering and packing plants are under observation in 227 cities. More than 377,000,000 animals were inspected at slaughter, of which 1,100,000 carcasses and 4,750,000 parts of carcasses were condemned. The reinspection of meat and meat food products in their various preparations amounted to 44 billion pounds, of which there were condemned on reinspection 148,000,000 pounds. There were certified for export 8 billion pounds.

In ten years the deathknell of tuberculosis will be sounded. The cure is turtle serum, perfected by Dr. Piorkowski, of Berlin. The prediction was made by Dr. N. J. Galbraith, of Los Angeles, Cal., who, returning from the International Medical Congress, has the management of the Piorkowski serum in the United States. "The serum," he says, "will not restore wasted tissues, but it will arrest progress of the disease. Many young patients have gained 30 to 40 pounds in ten weeks, after the first injection, and all traces of the disease have disappeared."

The sum of $100,000 was bequeathed the Worcester, Mass., hospital by the late Mrs. Katherine Allen.

The Extension Division of the University of Wisconsin has establisht a Bureau of Health Instruction for popular education in health and disease.

The St. Louis Medical Society receives $50,000, minus several minor legacies, as a memorial for her son, from the estate of the late Mrs. Franziska Barscher.

Sibley Hospital, Washington, D. C., received $50,000 as a gift from George O. Robinson, Detroit, Mich.

The late Harriet O. Cruft, of Boston, Mass., bequeathed $110,000 to hospitals in that city.

The new Columbus Hospital on East Twenty-Sixth street, New York City, will be begun in a few weeks. The building is to be ten stcries high, will accommodate 300 patients and will cost $150,000.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about $180, will be made on July 14, 1914, provided that an essay deemed by the committee of award to be worthy of the prize shall have been offered. Essays intended for competition may be on any subject in medicin, but cannot have been publisht. They must be typewritten, and if written in a language other than English should be accompanied by an English translation, and must be received by the secretary of the college on or before May 1, 1914. Each essay must be sent without signature, but must be plainly markt with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of the competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned on application within three months after the award. Further information may be obtained on application to Thomas R. Neilson, M.D., Secretary, 19 South Twenty-seccnd street, Philadelphia, U. S. A.

The Medical Men's Casualty Association has been incorporated with headquarters at Los Angeles.

The double red cross, with all its arms pointed, is the international tuberculosis emblem just indorsed by the National Association for the Study and Prevention of Tuberculosis.

Dr. Simon Baruch, of New York, expert on hydrotherapy, who returned from the International Medical Congress in London and a journey that took him to every spa of note in Europe at the instance of the Saratoga Springs Reservation Commission, said pleasure and health-gaining could not be successfully combined. If Saratoga wisht to become famed as a health resort that city would have to dismiss from her field the races.

By means of an appliance devised by Prof. W. W. Abel, head of the department of pharmacology of Johns Hopkins University, it has been made possible to ascertain whether persons thought to be suffering from the effects of poisons really are under the influence of drugs and to discover almost immediately what poison they have taken. The contrivance consists of a series of coils and tubes which are submerged in saline solution. Its action is said to be the same as that of the kidney. By connecting the tubes with the jugular vein and the carotid artery, the blood is made to pass thru the tubes. Thru a porous substance the foreign and poisonous matters in the blood filter into the saline solution. The solution may then be analyzed chemically.

Dr. Max Moszkowski, of Berlin, who has won distinction by his scientific researches in New Guinea, succeeded in giving himself an unmistakable case of beriberi by living for 138 days upon a diet consisting almost exclusivly of boiled rice. He believes his experiments support the theory formerly held by him, that beriberi is a disease induced by certain foods and not due to an infection of any kind from without, as has been maintained by many investigators. Dr. Moszkowski, who in 1911 advanced the theory in an address before the Berlin Medical Society, reported at the society's last meeting the results of the experiment which he has just finisht. After a few weeks of hulled rice diet the nervous disturbances accompanying beriberi appeared and the case was then diagnosed as beriberi by Dr. Shuffner, the noted authority in this line. The typical dropsical affection of the skin followed, with soreness of certain groups of muscles, stomachic disturbances, and eventually the typical and dangerous irregularities of the heart action. Dr. Moszkowski then treated himself with injections of an extract prepared from rice hulls. He recovered rapidly and is now quite well. Injections of this extract also cured pigeons and hens which had

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become affected with beriberi after a hulled rice diet.

Forty new hospitals are to be establisht in Cuba by its progressiv central government.

It has been announced by the New York State Charities Aid Association that gifts to aid the campaign against tuberculosis totaled $630,500, the largest contribution having been made by the late Mrs. Elizabeth M. Newton, of Fredonia, N. Y., who bequeathed $150,000 for the purpose of founding a hospital for consumptivs in Chautauqua County.

The United States Government's campaign against Rocky Mountain spotted fever is being vigorously pusht in Montana, its center, by United States Public Health Service officers.

Sir Jonathan Hutchinson left an estate of $460,000, divided among his eight children and various public institutions.

The Harvey Society of New York, N. Y., will be addrest by distinguisht foreign and nativ medical men this season.

At the International Congress on Neurology at Ghent, Belgium, August 25th, Dr. Maere, director of the Strop Asylum of Belgium, demonstrated the wonderful results achieved by the treatment of abnormal children by the improved polysensorial Froebel method combined with rhythmic exercises. Twenty-five per cent. of the children treated, he said, had been either permanently cured or greatly improved.

Hope is offered to victims of tuberculosis by a method which Dr. John B. Murphy presented for the cure of that disease before a gathering of physicians and nurses at Chicago, October 23d. He called his method pneumothorax, by injection of nitrogen gas into the pleural cavity, thereby contracting one of the lungs. This causes the infection to be drained or squeezed away and gives the lung a chance to rest in its effort to throw off the disease, while it is at the same time trying to do the work of respiration. He first advocated this method of treating tuberculosis in 1898. It was attackt both in this country and in Europe. Since then the treatment has been accorded credit almost universally in the medical profession.

In 1912 this country furnisht practically all the carnotite ore used for the extraction of the radium chlorid supply of the entire world. This country was furnishing three times as much radium from its Colorado carnotite deposits as all of the rest of the world put together.

The delegates to the International Antituberculosis Conference, at Berlin, October 22d-26th, found that Germany has made substantial progress, since the first of these conferences in 1902, in reducing the terrors of consumption. From the reports of 348 cities of more than 15,000 population each it appears that the yearly death rate from tuberculosis was reduced from 22.26 per 10,000 population in 1905 to 17.30 in 1911. For the whole kingdom of Prussia the rate for 1912 was only 14.49. The reduction has been particularly rapid in hospitals and homes for consumptivs, having dropt within sixteen years from 31 to 12. In penitentiaries and jails, formerly regarded as breeding centers for tubercular diseases, the mortality is now only about one-sixteenth of what it was some fifteen years ago.

The National Association for the Study and Prevention of Tuberculosis expects to sell 100,000,000 American Red Cross Christmas Seals this year.

Seattle's health officer announced that every effort was being made to rid the city of bubonic plague rats and prevent an outbreak of the disease.

Most of the staff of the Radium Institute are suffering from burns produced by radium. The assistant medical superintendent, Dr. Arthur Burrows, states that most of the staff have been burnt to a greater or less extent at some time or another. In his own case he found the skin peeling off his fingers when he went to play golf. The nurses, however, who do most of the actual handling, suffer most. In addition to the more or less painless skin-peeling, the finger-nails become brittle and split down the center, ulcerated spots appear, and in time the hands become totally anesthetic. It is curious that the hands of those who have much to do with radium are always far more susceptible to heat than to cold. Gloves are not much protection. The only thing to do when the fingers show these symptoms is to have nothing to do with radium until they recover. Those who develop burns are usually given some work in connection with the institute which does not involve immediate contact with the element. Radium in course of time burns most things to which it comes in contact. For instance, the lining of the boxes in which it is kept is often entirely eaten away. The ill effects are not felt in the human body until a fortnight after the contact. It eats away the abnormal tissues, such as carcinoma, sarcoma, etc., and leaves the surrounding normal tissues in an ordinary condition. In its antipathy to abnormal tissues lies its curativ properties in these cases. But in time, or as the result of excessiv application, radium will have an effect also on the normal tissues. A subsidiary effect on the patient is increast susceptibility to changes of temperature over areas that have been treated with radium. Many patients who have had rodent ulcers and superficial skin lesions cured with radium experience great discomfort at the site of the old lesion when very cold or very warm air plays on it. This susceptibility, however, gradually disappears in two or three months. A markt condition of lethargy is frequently, it might almost be said invariably, noted in patients receiving prolonged exposures with large quantities of heavily screened radium. It generally makes its appearance about the fourth day of the treatment, and passes off within a few days of the cessation of the exposures.

The greatest radium ore deposits in the world, it was announced October 23d at the American Mining Congress in session in Philadelphia, have been bought by two philanthropists and will be utilized to the benefit of humanity in the alleviation and cure of cancer. This announcement was made by Dr. Charles L. Parsons, chief of the Bureau of the Division of Mineral Technology of the United States Bureau of Mines. The philanthropists in question are Dr. James Douglas, president of the Phelps, Dodge & Co., of New York City, dean of the mining engineering profession and one of the greatest living authorities on copper, and Dr. Howard A. Kelly, noted gynecologist, of Johns Hopkins University. They furnisht the money for the purchase of twenty-seven claims of mining land in Paradox Valley, Col.—the greatest radium-bearing ore deposit known to science. Furthermore, Dr. Parsons announced: 1. That the National Radium Institute had been incorpo-

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rated for the purpose of working the carnotite deposits on the claims. 2. That the entire proposition was under supervision of the Bureau of Mines. 3. That not one cent of the radium to be extracted would be for sale. 4. That every milligram of the precious metal would be used in the cause of humanity in the amelioration and cure of cancer. 5. That the Bureau of Mines had evolved an entirely new method of extracting radium chlorid, which will reduce the cost materially. 6. That clinics for the treatment of afflicted would be opened in the Memorial Hospital, New York City, and in Dr. Kelly's hospital in Baltimore. 7. That the necessary machinery had been ordered and that work would be begun so soon as possible.

Ireland's doctors are more successful, thru organization, than their English colleagues in forcing the Government to raise their present inadequate pay under the Lloyd-George Act. Now let Britain's medicos unite likewise!

Fifty cases of pellagra, whose existence only became known to any considerable section of the British public as the result of disclosures at the recent Medical Congress, have been found in England and Scotland and personally investigated by Dr. Sambon, who recently came to the United States to study the disease here. His doubts as to the maize origin of pellagra appear to be confirmed, according to the *British Medical Journal*, by the fact that the disease has developt in the British Isles, where maize is sparingly consumed.

Ever since United States Army men have gone to and from the Philippines our army and navy surgeons have used subcutaneous injections of atropin to promptly cure seasickness. This original American method was fully described in the *Journal of the American Medical Association* several years ago. Now comes Dr. Fischer, of Bad Nauheim, in a recent issue of the *Muenchner Medizinische Wochenschrift*, with an article claiming it as his own discovery. And all American papers publish it to his credit. What shrewd advertisers these Germans are, to use the Associated Press!

Dr. Reid Hunt, whose appointment to the professorship of pharmacology at Harvard University has been announced, is the second member of the Council on Pharmacy and Chemistry of the American Medical Association to go to Harvard.

How far crime and medicin are related is seen in the action taken at the meeting of the Chicago Medical Society, October 14th, when the Committee on Criminal Punishment made the following recommendations, and the report was adopted by the society:—

The separation at all times of misdemeanants and felons.

That every aid be given the state's attorney's office and the judges to hasten grand jury hearings and final trials.

That every effort be made to encourage the extension of the reformatory idea to criminals of every class, excepting the incorrigible habitual criminal and those guilty of capital crimes, and that these latter be sentenced to "state schools," rather than to "state prison."

That a sentencing board or commission be appointed by the governor for the three state districts, to consist of seven members, who shall classify all criminals in the state, their family, physical, mental and criminal history.

To encourage the women of Illinois to take better care and extend moral and material support to the women who have served sentences in penal institutions of the state, and thus preserve them from a life of vice or crime.

Preliminary steps toward the formation of a national association of psychologists, sociologists and medical scientists for scientific research addrest to fundamental conditions underlying criminology were taken at a dinner given by Dr. David C. Payton, superintendent of the Indiana Reformatory, Jeffersonville, at Indianapolis, October 13th, at which thirty experts in criminology were present.

The dancing epidemic which the country is witnessing recalls in some respects the dancing mania of the Middle Ages, which has been frequently discust in the literature of neurologic medicin, according to a recent article in the *Medical Times*. The ragtime and turkey trot manias appear to be contagious in much the same way the medieval manias were. They are alike also in respect to widespread prevalence, the population of whole continents being affected. These neurotic phenomena have been ascribed to widespread neurasthenia, due to unrest and other pathologic social conditions. These and the nativ determination to be "amused" that characterizes the masses, together with the peculiar influence of a type of "music" which seems to set up characteristic motor reactions, account for the specially sensitized class which may be observed in action day and night almost anywhere in the country. This class illustrates all the principles laid down by M. le Bon, that authority on the psychology of the crowd. Then it has been pointed out that many ragtime tunes are versions of colored people's revival hymns, which, perhaps, introduces an element of quasi-religious emotionalism and also recalls the interesting fact that dancing has always been connected with religion, especially pagan religion. The instinct to dance is a primitiv one, and thru the dance certain emotions find outlet and expression. There is a normal and an abnormal phase to the subject, however, and we are inclined to think that it is the latter that finds exemplification in ragtime and trotting.

One of the striking features of the International Congress for School Hygiene, at Buffalo, N. Y., August 26th, was the moving-picture demonstrations of the open-window method of teaching children in schools of Philadelphia, developing their physical condition while training their minds. That such schooling should be attractiv to children was shown by the chubby forms and smiling faces of the youngsters in the pictures. There they were, wrapt in blankets, sweaters, hoods and gloves on a cold winter day, with the classroom windows down at the top and up at the bottom. They placed their movable desks to the sides of the room, cleared the floor space for drills and exercises and went thru these with precision and dispatch. The idea is to expand their chests, develop proper breathing habits and keep the blood in activ circulation in three-minute exercises frequently during the day, without interfering with the lesson periods. There should be such an open-window room in every schoolhouse.

The International Congress on Neurology, at which twenty nations are represented by more than 100 physicians, at Ghent, Belgium, August 25th, adopted a resolution to-day, introduced by Dr. Regis, inviting the various Governments, in view of the disastrous consequences of alcoholism in the colonies, to take prompt and rigorous measures to put an end to the evil common to all people. Dr. Regis had previously read a remarkable paper demonstrating that the host of mental and nervous disorders peculiar to colonists were attributable principally to their abuse of alcohol.

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Woman as an insurance risk was debated recently by delegates at the meeting of the medical section of the American Life Insurance Association, at St. Paul, Minn., August 26th. No definit conclusion was reacht, altho many of the speakers contended that woman's intuition informs her of approaching death, that she then seeks life insurance, therefore she is undesirable as a risk. Other causes of the seeming paradox—that, altho women live longer than men, they are not proper risks, given by speakers were: Until recently, the women insured were those who sought insurance and not those solicited by agents. Medical examination of women is more difficult, and less rigid, than of men. Husbands usually have no insurance in their wives. Married women, insured by husbands who themselves have no insurance, therefore are the worst kind of risks. Spinsters are better risks than married women.

That antityphoid fever vaccination should not too soon be followed by antivariola vaccination is proved by the experience of William R. Shepherd, professor of history at Columbia University, and his wife, who recently arrived in Germany at the outset of a trip around the world. Mrs. Shepherd, who, together with her husband, was inoculated before her departure from New York, is seriously ill there from antismallpox vaccination, which proved extraordinarily virulent, perhaps on account of the reaction from previous antityphoid inoculation. Her condition is not believed to be dangerous. Professor Shepherd was also taken ill after his arrival in Germany, and is now at a sanatorium in Dresden.

Practical and applied hygiene is much farther advanced in the Philippines than in the United States, according to Dr. Allen J. McLaughlin, surgeon of the United States Public Health Service.

The International Tuberculosis Congress was opened in Berlin, delegates of twenty-two nations attending, October 23d. Imperial Vice-Chancellor welcomed the delegates. The feature of his address was an enthusiastic tribute to the "extraordinary energy and success with which the fight against consumption has been conducted in the United States."

Dr. Prof. Arrigo Visentini, the pathologic anatomist of the Royal University at Pavia, Italy, has been awarded the Warren triennial prize for 1913, in value $500, by Harvard University, for his essay on "Function of the Pancreas and its Relation to the Pathogenesis of Diabetes."

The following is the corrected list, chosen at the recent Minneapolis meeting, of officers of the American Society for Physicians' Study Travels: Presidents, Dr. James M. Anders, Philadelphia, Dr. William J. Mayo, Rochester, Minn., Dr. Lewellys F. Barker, Baltimore, Md., and Dr. Rudolph Matas, New Orleans, La.; secretary general, Dr. Albert Bernheim, 1225 Spruce street, Philadelphia; department directors: Finance, Dr. L. Webster Fox; travel recorder, vacant; publicity, Dr. Alfred Stengel; post-graduate work, vacant; travel manager, Dr. E. E. Montgomery.

"Climatic and Occupational Influence in Diseases of the Ear" was the subject of a paper by Dr. Clarence Blake, of Boston, Mass., in the otology section of the International Medical Congress at London. He remarkt that miners were especially prone to ear diseases because of the dust and detonations in a circumscribed space without the possibility of diffusion. In the same way persons engaged in trades productiv of dust and grime were inclined to be affected. "Noise is the most important and injurious by-product of industry," he said, "yet it is the last to receive attention." Arthur H. Cheatle, lecturer on aural surgery at Kings College Hospital, called attention to the deafness associated with aeroplaning and said much would be heard on this subject in the future. Three factors, he said, were conduciv to this form of occupational deafness—height, speed and the noise of the motor.

Prof. J. H. Shrader, of the department of physics at Williams College, announced that he had found traces of radium in a spring near Williamstown, Mass., October 18th. Presence of the rare element seems to be manifested in the form of gas, and thus far all his efforts to reduce it to salts of radium have proved unsuccessful.

James Ross, of Montreal, Canada, has just given $200,000 to that city's hospitals.

Bedrooms in which the appointments are entirely black are becoming a rage with the "smart" women. This is consequent on the announcement of a leading medical authority that black induces sleep and is soothing to the nerves. In these rooms even the electric lights are tinted a dark gray, so that the effect is somewhat weird.

The princely gift of $4,000,000 as an endowment for the medical school of Cornell University has just been made by Col. Oliver H. Payne, the oil magnate of Ohio.

How absurd to vaunt our public schools as the best ever when three-fourths of the scholars in them need to have bodily ailments attended to! Much has been done to remedy these serious evils; yet obviously the work has only begun. And when the job concerns 20,000,000 children, anyone must see that it has to be gone about in a vast and epic way; men and women teachers, nurses, doctors, sanitarians, builders, and statesmen must together plan wisely and work earnestly in some great and enduring organization, so that every community in the land may benefit by their labors for adequate school administration, in suitable schools, and for medical supervision of the immature occupants. Such a logical co-working was the recent Fourth International Congress on School Hygiene in Buffalo, N. Y.—*Collier's Weekly.*

Dr. Louise Pearce, the only woman on the staff of Johns Hopkins Hospital, has been appointed an assistant to Dr. Simon Flexner, of the Rockefeller Institute, New York. She is the only woman who has ever been engaged in research work under Dr. Flexner. She was recently appointed to the staff at the Phipps clinic of Johns Hopkins Hospital, and was preparing to take up her duties there on October 1st.

Premier Asquith announced in the House of Commons, at London, recently, that a royal commission would be appointed to inquire into the causes and treatment of venereal diseases. This step has been taken by the Government as a result of a prolonged agitation by British medical organizations.

Twenty-eight countries were represented at the International Congress on School Hygiene, August 25th-30th. Great advances must result.

The Association of Surgeons of the Norfolk and Western Railway System met in annual session October 2d-3d, at Norfolk.

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The town of Sanseverino in Italy invited the members of the profession to a celebration in honor of the quadricentenary of Bartolomeo Eustachio, the Italian anatomist of the sixteenth century. A marble tablet was unveiled and the occasion celebrated with a scientific regional medical congress, September 6th-25th.

The Provincial Royal Jubilee Hospital, Victoria, expects to construct a $400,000 hospital building.

Dr. Sigura, of Buenos Ayres, on the final day of the International Medical Congress at London, gave interesting particulars of a peculiar affection which attacks the nose or throat and causes an inflammation exactly resembling cancer. He said it heals readily under potassium iodid. He added that the disease required careful diagnosis to distinguish it from cancer.

The important statement was made by a Belgian biologist, at the Brussels Congress on Cancer, in July, that he could now definitly confirm his discovery of a cancer-producing spirillum. When taken from the gut of a rat, fed to insects that were eaten by other rats, malignancy would ensue. Its relation to human cancer is now to be studied.

The latest diet craze is to have your food as highly colored as possible, and from Germany comes the pale blue lobster, the invention of a learned professor named Kornfeld. Red lobsters being too commonplace to whet the jaded appetites of society diners, the professor hit upon the brilliant idea of adding an alkali to the water in which the lobsters are boiled. As a result, they come out a pretty pale blue, and the smart set are able to eat again.

Lobsters are not the only food that German aristocrats wish to be highly colored. Rose-colored soup and tinted bread also enter into the menus. Apparently there is a scientific reason for his latest fad in diet. An eminent medical man gave it as his opinion some time ago that a person's character can be gauged by the kind of colors he prefers in his foods. Thus, if you are very fond of yellow-colored foods, you are probably a person of somewhat low and vulgar tastes, but if you choose dishes of a brown or chocolate color you show yourself to be a person of refinement. A speaker at the Pure Food and Health Conference, recently held in London, pointed out the fact that very few people care for food that is quite colorless. "Invalids are ordered colored jellies and port wine," he said. "Children prefer colored sweets. Most of us would soon tire of all-white food."

Drs. Bordet and Gengou, of Paris, who one year ago announced their discovery of the pertussis parasite, have had their valuable studies confirmed by Drs. Horner and Mallory.

Another triumph for doctors' initiativ: "The lives of more than 185,772 children have been saved in seven years, 1906-1912, owing to improved social conditions here," is the remarkable statement of Dr. Newsholme, the medical officer of the local Government Board, London, in his latest report. The saving of life cannot be attributed merely to favorable climatic conditions. It can be claimed, with high probability, to be the result of improved sanitary and housing conditions, of more efficient municipal and domestic cleanliness, of education in hygiene, of increast sobriety of the population, and of the widespread awakening to the national importance of child mortality, with concentration on efforts of child-welfare work such as had never previously occurred.

Intermarriage made Caucasians of Japanese in two generations, says Dr. Sidney Gulick, an American educator, long resident in Nippon.

A gratifying announcement is that of the appointment of Prof. Carl Voegtlin as professor of pharmacology in the Hygienic Laboratory, United States Public Health Service, to succeed Prof. Reid Hunt, now head of the department of pharmacology at Harvard University. It implies a continuation of Hunt's great work for the public.

In announcing, at Philadelphia, October 23d, the birth of the National Radium Institute, Dr. Charles L. Parsons said: "I am authorized by the Director of the Bureau of Mines to announce that a co-operative agreement has been entered into with the newly-organized National Radium Institute, whereby the Bureau obtains the opportunity of a scientific and technical study of the mining and concentrating of carnotite ores and of the most efficient methods of obtaining radium, vanadium, and uranium therefrom, with a view to increast efficiency of production and the prevention of waste. The National Radium Institute was recently incorporated with the following officers: Howard A. Kelly, of Baltimore, president; Curtis F. Burnam, of Baltimore, vice-president; Archibald Douglas, of New York, secretary-treasurer; James Douglas, of New York, and E. J. Maloney, of Wilmington, as additional directors. The Institute has no connection with the mining of pitchblende, details of which recently appeared in the Denver papers. It has, however, obtained the right to mine twenty-seven claims in the Paradox Valley region, among which are some of the best mines in this richest radium-bearing region of the world. Nearly 100 tons of high-grade carnotite have already been procured. Under the agreement with the Bureau of Mines, the technical operations of the mines and mill are to be guided by the scientific staff of the Bureau. Work will begin in an experimental plant to be erected in Colorado, using entirely new methods develop at the Denver office of the Bureau of Mines. Concentration experiments also will be conducted in the Paradox, probably at the Long Park claims, and if successful will be applied to reducing the wastes that now take place. Within a year at most, the mill operations should make results certain and the extraction of ore and production of radium will then be continued on a larger scale. The separation of uranium and vanadium will also be studied, a contract having already been signed for all these by-products that may be produced. All processes, details of apparatus and plant, and general information gained will be publisht for the benefit of the people."

The medical women of Wisconsin have formed a separate State Society. Why?

The tendency of physicians in smaller hospitals, inadequately trained, to attempt surgery, was called a "crying scandal" by Dr. Frederick A. Washburn, president of the American Hospital Association, speaking at Boston, August 27th, before the 800 members of that organization, in annual convention.

Secretary Redfield predicted that vocational training in schools would create an "industrial heaven" and end the nation's waste of human life.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Treatment of Oxaluria Dolorosa.

EDITORS MEDICAL WORLD:—The diagnosis of painful oxaluria should offer but little difficulty providing proper examinations of the urin are carried out in all cases where the symptoms are suggestiv. A calculus may coexist or complicate, but a diagnosis should always be made before this occurs. Furthermore, the presence of a calculus may be proved by an x-ray examination, inasmuch as it would necessarily contain crystals of the oxalate of lime if these abound in the urin, and throw a shadow. The various laboratory aspects of the painful oxalurias we have considered so thoroly in previous studies reported to other medical journals, that it is scarcely necessary to repeat them here.

Altho the diagnosis of uncomplicated painful oxaluria, when properly approacht, is a relativly simple matter, such is not the case in the matter of treatment, and this often becomes a very baffling proposition. We have been askt to review our studies in regard to the painful oxalurias; but we think that the reader will perhaps be most interested in a therapeutic retrospect. For the theoretical and clinical aspects of oxaluria dolorosa, we shall, therefore, refer him to other communications.

Dietetic Treatment.

Advice to date has been somewhat misleading, inasmuch as it has been too generalizing. Our dietetic principles have been well workt out and apply to practically all cases, but this is not true in regard to the medical treatment. That is to say, observation in our cases has taught us that a drug which may prove of great value in one instance entirely fails us in the very next. We have seen oxaluria dolorosa relieved by hexamethylenamin (fermentations of an unknown but acid nature in the upper urinary passages); we have witnest its relief by excessiv water drinking and diuretics (concentration of urin favoring precipitation of oxalate of calcium as sharp crystals); we have seen hydrochloric acid and diacid sodium phosfate perform miracles in the painful oxalurias, but not when the acidity was excessiv.

We might venture that, while the indications are not always clear in the matter of medical treatment (for our knowledge in regard to the etiology is not complete), they are usually very plain indeed and are *furnisht by a careful analysis of the urin of the given case.*

In other words, the dietetic treatment resolves itself into an attempt to reduce the intake of oxalates or oxalate precursors, but the medical treatment aims at an effort to prevent their precipitation as insoluble acicular crystals in the upper urinary tract. We say "prevent precipitation" rather than "redissolve precipitate," because we believe that, once precipitated, these crystals are not easily redissolved.

It may be well to first look into the dietetic aspects, since this advice will apply to almost every case. We must, if possible, reduce the oxalate intake; furthermore reduce such foodstuffs as are likely to give rise to oxalates by virtue of fermentation, and so on. We shall include at this point the water prescribing, inasmuch as most of these urins are very highly concentrated, tho we must remember that diluting a urin will not always relieve painful oxaluria, and other urinary findings must be considered. The recommendations given below are based upon actual observation in cases treated by physicians and in which we have made rather complete laboratory studies. It will be noted in these tables that carbohydrates are as a rule reduced, for we believe that when excessiv they favor fermentations in which oxalic acid is formed. More than this, clinical evidence is suggestiv that oxalic acid may be vicarious to glucose in diabetes.

We have found that these patients do well upon meats, but that these should not, as a rule, be fried. They may eat in desired amounts oysters, fish, beef, mutton, chicken, game, salads, peas, eggs and milk. Milk. boiled milk, buttermilk and skimmed milk may be taken in large amounts. An exclusiv milk diet is not advisable, but it may

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be well to use, as a nucleus at the onset, a milk diet and add slowly to this. In the acute cases, if well borne, the milk diet may be almost exclusiv. Water should be taken in tremendous amounts. If the patient suffers from nocturnal enuresis (in many children with this trouble water is withheld and the urin becomes concentrated, with resulting painful oxaluria), water may be avoided in the evening. Lithia tablets may be added to the water. It may be prescribed as follows: Drink a cup of hot water before breakfast, plenty of cold water during this meal and a large cup of cold water after breakfast. This water may be acidulated or rendered alkaline according to directions under medical treatment. A large cup of water should be taken every hour thru the morning and in the early afternoon. After three the hourly glasses may be left off if the child suffers from nocturnal enuresis.

The following articles may be eaten only in moderate amounts: Bread, butter, cheese, hominy, rice, toast, oatmeal, batter cakes and crackers. Beans and potatoes favor fermentation and must be avoided in acute cases or taken in but small amounts where absolutely necessary to vary the diet. Soups may be "pusht" (except at supper time in nocturnal enuresis). When preparing soups, avoid vegetables named below. Empirically we are afraid of pies, cakes and fried dishes, mainly because they cannot or are not eaten in moderation.

The list of vegetables to be avoided is well known by most physicians. Very nearly every fruit and garden vegetable falls into this list. However, the most pernicious group of foodstuffs for the patients may be listed as follows, and should practically be avoided: Candies, syrups, ice cream, tomatoes, pieplant, oranges, carrots, string beans, garlic, asparagus, celery, spinach, plums and strawberries. Obviously this works a great hardship upon these patients, but it is a notorious fact that summer oxalurias are more prevalent and, as a rule, more severe than those of the colder months. We have often wondered if the Esquimau race suffers from gravel: statistics prove that it is a very common disease in the tropics. Apples, pears, peaches and melons contain small amounts of oxalic acid, but, as a rule, can be allowed in small quantities.

Medical Treatment.

We have ventured above that the indications for the use of the several drugs are supplied usually by the urinalysis. In some of the baffling cases we may also be compelled to investigate gastric hypoacidity or hyperacidity; but, as a rule, the urinary condition gives the most usable information.

These urins are often concentrated; indeed, these urins are usually concentrated. The specific gravity is invariably above 1.024 and often above 1.030; so that diabetes has been suspected. It is easy to see why oxalates may be precipitated in such a urin. By all means dilute it if possible, not only by water prescriptions, but by the use of mild diuretics. These urins are often neutral or alkaline. In such cases, especially if there is not gastric hyperacidity, acids are loudly called for. I have seen excellent results in one case by the use of dilute hydrochloric acid. However, a much more rational procedure is the use of acid salts rather than the free acids (the former giving the urin its normal acidity). Thus diacid sodium phosfate has been seen to contribute to the urinary acidity and to the relief of painful oxaluria. Benzoic acid has been recommended as a urinary acidifier, but in this connection at least there is no rational basis for its use.

Sometimes these urins are excessivly acid, in which case acids are distinctly contraindicated, inasmuch as they actually favor the absorption of oxalic acid in the duodenum. Alkalies may be used. However, we have hinted in other communications that precipitation may be favored by certain fermentations as yet but little understood but acid in nature, these high in the urinary tract. And thus in these very cases we have observed some beautiful results from the use of hexamethylenamin.

Magnesium has been recommended as a drug perhaps of value in many cases of painful oxaluria. I have not seen it tried, but doubt its value in the form of the sulfate, such as is usually advised. Very little of this salt would be absorbed; and, upon the other hand, it would draw water from the tissues into the bowel, thus concentrating the urin still further.

Many other lines of treatment have been advised, but this covers rather thoroly those with which we are well acquainted. We have seen relief follow within a few hours, but certain of the chronic cases were refractory for long periods of time. The best results are obtained when the diagnosis is made early and the indications met as revealed in each particular urinalysis. When crystals alone are passed, much more may be

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expected from the treatment than when stones are also present.*

B. G. R. WILLIAMS, M.D.,
Paris, Ill. E. M. WILLIAMS, B.S.

Pistol Wound—Six Perforations of Intestin and Recovery.

EDITOR MEDICAL WORLD:—The title of this article might suggest that the writer thought he was the only one that ever succeeded in saving a case of gunshot wound of the intestin—sort of the "Big-Injun-Me type." But all know better than that, for while the mortality is quite high, yet the thing is done, I presume, every day. The reason for reporting it is more to encourage the country doctor to keep his surgery at home instead of sending it all to the city accompanied by the shekels. Disadvantages are annoying, but nature does not care if a streptococcus is killed in a kitchen stove oven or a $500 sterilizer. As long as it is dead she is satisfied that it cannot harm her work of repair in a wound. We cannot all have private sanitariums, and yet we in the country are called upon to do work under conditions that would make a hospital surgeon, with his corps of assistants and trained nurses, tremble with fear of the invasion of micro-organisms.

There is one factor always or nearly always in favor of the operator and patient in emergency surgery, *i. e.,* the patient is generally a healthy individual, perhaps got his wound in a fight (sick, weak folks do not fight much), and therefore his resistance to shock, cocci invasion, etc., is better than that of some weakling that has to have a laparotomy or similar operation for some other cause.

The thing most against a wounded patient is danger of infection from dirt and shreds of clothing, carried into wound, and necessarily faulty disinfection of site of operation due to lack of time, all of which is avoided when patient is prepared for operation when time is not so pressing.

The case is as follows (nothing new as to technic, only to show what a man can stand under the poorest hygienic surroundings):

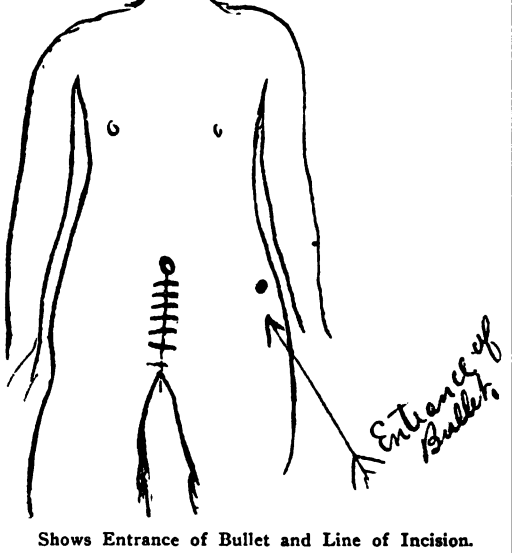
J. O'K., negro-Irish, age 60, was shot with a 32-caliber revolver held tight to body, at about midnight, Oct. 17, 1909. I was called about 2 a. m. and hurried there, making a 2½-mile drive. Found patient on floor suffering terribly, and immediately gave ½ grain of morph. sulf. and repeated dose in one hour. Sent a messenger 8 miles to get Dr. Creel, after examining wound and realizing an operation was necessary. Wound was on left side of belly about two inches from anterior superior spinous process of ilium and say two square inches was denuded by burning of the powder. Ball had passed thru trousers, dirty shirt and drawers.

The morphin I gave him merely made him comfortable, he never losing consciousness.

Upon Dr. Creel's arrival, about 7 a. m., and with the patient's consent, we prepared to operate.

Here let me state that the house was an ordinary turpentine laborer's shack. We chose the best-lighted room, and getting everything as aseptic as possible, we put patient on kitchen table, gave another ¼ of morphin, and scrubbed and shaved abdomen for median incision from navel to os pubis.

Right here was where a funny instance occurred. I called for three negro volunteers to help



Shows Entrance of Bullet and Line of Incision.

lift patient, etc., and heard one old fat fellow say: "Ah guess ah can help," and then in a lower tone added to the others, "Wish ah could get a sack." I did not know what he wanted the sack for, but presently he came back wearing the dirtiest old croker sac for an apron. Guess he thought he would be covered with blood and the sack would save his clean (?) clothes. This same old fellow went to sleep while holding patient's legs during the administration of the anesthetic and had to be awakened several times. He had fiddled too hard the night before. Just mention these little points to emphasize the difficulties of untrained help. Of course, Dr. Creel had all he could do to attend to the anesthetic.

Well, after the belly was opened, and intestins out and run thru fingers and kept wrapt in hot wet towels, I found, altogether, six thru-and-thru holes in small gut (bullet missing colon, and evidently ranging upward and to the right), one thru the mesentery; also a scratch and a burn on latter. All were sewed up by Lembert

*For information concerning the theoretic and diagnostic aspects of the painful oxalurias, the reader is referred to "Clinical Features of Painful Oxaluria," *Medical Record,* June 14, 1913, and "Laboratory Features of Painful Oxaluria," *Archives of Diagnosis,* July, 1913.

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method, cavity mopt out with dry gauze and incised wound closed entirely without drainage. Upon Dr. Creel's suggestion, drainage was made thru the bullet hole. This was done by twisted catgut. The incision healed by first intention, and the burn, of course, took longer to heal. One hour after putting patient to bed we gave him another ¼ of morphin and 1/150 of atropin sulf. This was because we were afraid he would awaken and vomit, as neither of us could stay, and there were no others that we could trust to give it if necessary, hypodermically.

This kept patient unconscious until 7 p. m., when I saw him. He begged piteously for water and I let him have a wet rag to suck. After twenty-four hours gave water in small quantities frequently and also bovinine.

Monday, 8 a. m., pulse, 80; temperature, 100 2/5°; respiration, 25.

Tuesday, 8 a. m., pulse, 84; temperature, 101 2/5°; respiration, 25.

Wednesday, 9 a. m., pulse, 96; temperature, 101 3/5°; respiration, 25.

Thursday, 8 a. m., pulse, 72; temperature, 100°; respiration, 20.

Friday, 10 a. m., pulse, 80; temperature, 101 1/5°; respiration, 28.

Thursday I gave enema of soap and water. Good action. I believe the rise of temperature on Friday was caused by weakness, for I gave him some milk and coffee and he had no more fever.

Saturday, 9 a. m., pulse, 68; temperature, 98 4/5°; respiration, 24.

Sunday, 9 a. m., pulse, 76; temperature, 98 2/5°; respiration, 26.

Removed sutures (silk) on tenth day, and three days afterward patient was up and around.

Now, I am afraid that some good-meaning fellow will criticize the giving of so much morphin, especially that last dose before the patient came out from the influence of the chloroform, but we meant to keep that patient quiet during our absence if it took forty hypos, for peristalsis or vomiting during the first few hours, I believe, would have been fatal, and the results, to say the least, were gratifying.

GEO. D. KENNEDY, M.D.

Mandarin, Fla.

Appendicitis Caused by Tapeworm.

EDITOR MEDICAL WORLD:—In reviewing the medical journals and other literature on appendicitis caused by other than virulent infection, I find frequent reports of its being caused by some foreign body, such as a nail, lead shot, calculi, a piece of wood, a piece of steel, etc. There are also numerous reports of the exciting cause being some parasite, and nearly all species of the intestinal worms have been mentioned in literature as being the exciting cause.

The roundworm has been found a number of times, and the smaller worms, *Oxyuris vermicularis* and *Cephalus trichiura,* are very frequently reported. Cecil Baly and Allen Anhurst give the largest number of the cases they report, which occur from intestinal worms, as being caused by the *Oxyuris vermicularis.* Taking into consideration the minuteness of the pin and threadworms and also the fact that they rarely ever cause any pathologic lesions of the organs they invade, one is lead to suspect that the number of times they have been found with the appendix as their habitat is in the minority of instances only; for the majority of cases reported have had some complications, such as pus infection, or the worms balling up and causing pressure or distention pains.

But when the invasion is caused from one of the larger intestinal worms the symptoms will be so severe that the patient will invariably seek relief; therefore, in the majority of cases where the offending parasite has been one of the larger worms their presence has been discovered.

The most astonishing fact is that with the great frequency of cases arising from the intestinal worm, the invasion of the tapeworm is very rare (in fact, I was unable to find a case reported). This is more astonishing when we take into consideration:

1. The location of the appendix. The opening to the lumen, being the conical apex of the cecum (when the cecum is not distended), makes it accessible.

2. The entrance to the lumen and dilatation must be easily accomplisht, as proved by the frequent finding of large foreign bodies.

3. The adult proglottides of the tenia saginata, when detacht, have great power of elongating themselves and crawling like a maggot. This power of elongating themselves, giving them a pointed end with a small diameter, makes it easy for them to enter a very small opening.

4. The proglottides, after being detacht, will retain their vitality and crawl and prowl about the bowel for several days, as you will notice from the following history that the proglottides found in the appendix were detacht at least forty-eight hours and their vitality and vigorous crawling movements did not appear to be weakened in the least.

Miss B., age 17, called at my office November 1, 1912, suffering from abdominal pains. Family history negativ, with exception that mother had acute appendicitis in 1909. Patient's mother gave history of her daughter passing worms some six or seven years ago, supposed to be roundworms,

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which gave no further trouble after anthelmintic treatment until the present time.

Present Trouble.—Patient began to have abdominal pains in evening, October 30, 1912, which were paroxysmal and severe. Mother gave her castor oil and applied heat to abdomen. Patient had a couple of vomiting spells before the next morning. The pains were quite severe until the following morning, but the relief from then on was so rapid that by evening she was able to be up and attend a halloween party with but little discomfort from her illness, until after her arrival home about midnight. Pains were more or less severe from then on. She called at my office at 12 noon November 1st, and gave the above history. She said the pains were quite severe; a tickling, cramping pain in right lower abdomen would last from a few seconds to a few minutes, then be hardly noticeable for a period of a few seconds to a few minutes; thought she had had no fever and she had had no chill.

Examination.—Temperature, 98°; pulse, 86; respiration, 18; all the organs, except in right lower abdomen, negativ; slight rigidity of right rectus muscle; tenderness over McBurney point. While examining patient she had a paroxysmal pain from the palpating of the appendix. When told that the seat of the trouble was in the appendix she consented to an immediate removal of the same.

Operation.—Assisted by Drs. McCreight and Mulroney, I removed the appendix at 5 p. m. November 1st, 48 hours from the invasion. The technic of the removal was the usual one. No pathology or anomaly worth mentioning, except there was no mesappendix for about an inch or more at base of appendix. The appendix was lying close against the end of the cecum. The peritoneum covered over appendix and cecum in general for above-stated distance. The appendix lookt normal, with the exception of being congested and containing a lump in the distal end.

After the removal I cut down on the object and *three adult segments* of a tenia saginata crawled out of the lumen.

On March 1, 1913, a treatment for the worm was given, which was successful. The magnification of its head showed the identification without a doubt.

Callender, Iowa. C. I. Fox, M.D.

Treatment of Varicose Ulcers.

EDITOR MEDICAL WORLD:—Naturally no one treatment will be fitting for all forms of varicose ulcer, but must be modified more or less, according to the existing condition of the disease.

First, let us consider the purpose of our treatment; and, second, the procedure. We desire by means of our treatment to put new and healthy tissue in place of the ulcer. To accomplish this result our treatment must effect a normal arterial supply with a normal venous return, and a healthy organizable granulation tissue.

From the beginning let us base our treatment upon two main factors: First, antiseptic cleanliness, and, second, improvement of nutrition by betterment of the blood and lymph supply.

The part should first be cleansed once or twice daily. Take warm soapsuds and wash carefully and thoroly. Use fomentations of boric acid, acetate of lead or acetate of aluminum. When the skin is not tolerant to moisture, dust with iodoform (substitutes of this drug fall short, in my estimation), boric acid or naphthalin. Orthoform may also be used, but care must be exercised, since it is known to cause gangrene. The "Scott-Schley" method covers the ulcer thickly with boric acid (pulverized), over which are placed several layers of rubber tissue held in place upon the sound skin around the borders of the sore by adhesiv plaster. Over this is bandaged a protectiv pad of gauze. This dressing is not removed for several days (possibly five days to a week).

Thus far in our treatment we have said nothing pertaining to the effecting of an improved blood supply. To this end keep the patient in the recumbent position with the leg slightly elevated. Keep him in this position until the scar has become sufficiently resistant to assure his making the change to the upright with impunity. Of course, we know there are certain cases whose physical condition would not permit of this recumbency for days without dangerous results. When circumstances do not permit this treatment, bandaging may be employed. And remember it takes a lot of pains to bandage properly and efficiently. It should not be left for the nurse to do, but should be done by the physician himself.

The idea of bandaging is to bring about an *even pressure* which stimulates absorption of the exudate, thus loosening the adhesion and removing pressure from the vessels, therefore permitting an easier entrance and departure of the blood. Bandages of plain rubber, rubber cloth, elastic stockings, etc., may be used, but judgment must be exercised in the use of the one selected.

In the application of the bandages one must be sure that the skin underneath them is kept *perfectly clean* and well powdered. For the comfort of the patient the treatment should be carried out in the morning rather than in the evening.

Unna's paste is another method of support. The leg is cleansed and the paste applied from foot to knee, followed by a gauze bandage, then another layer of paste, continuing in this manner until several

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thicknesses have been applied. The paste consists of

℞ Zinc oxid.....5 parts
Gelatin.....5 parts
Glycerin.....8 parts
Boric acid.....1 part
Water.....6 parts

Blistering is said to bring about a result similar to that produced by Unna's paste, and also induces an acute hyperemia. I have never resorted to blistering. Where the blood supply is interfered with by surrounding cicatricial tissue, it is advisable to loosen up the callosities by radiating incisions, to increase the circulation and to permit contraction of granulation surfaces. Now, do not make mere scratches for incisions, but go thru the thickened margins down to the fascia.

Hyperemia may be secured ofttimes by free removal of the base of the ulcer together with the entire thickened margin. After such procedure disinfect with hydrogen peroxid or, better, chlorid of zinc. Of late I use tincture of iodin, full strength.

Thoroly scraping an indolent ulcer or rubbing off the granulations will sometimes produce a renewed activity. Cauterization with silver nitrate stick, pure phenol hydroxid, a 10% solution zinc chlorid, or the electric cautery, repeated every few days, will likewise do this.

Meantime, while you are giving heroic local attention do not forget the systemic side. If all else is forgotten, remember, *keep the intestinal tract free.* The reasons are obvious when given a little thought relativ to the mechanics of the circulatory apparatus. A well-balanced, nutritious, easily assimilated diet with a lot of fresh air. If the patient can afford to take a trip with pleasant friends and a good physician so much the better.

Operations for the removal of varicose vessels are frequently done. In considering the advisability of such treatment the general condition of the patient must be carefully taken into account. The operation may consist of multiple ligation, ligation of the internal saphenous alone, extirpation of large or small sections of the varices, or circumcision of the skin of the leg above the ulcer itself, tying all the veins and reuniting the cuticle.

Skin grafting is frequently resorted to with excellent results.

In very bad ulcers, when the part is stiffened, muscles atrophied, a chronic condition of the skin, etc., and the limb has become useless functionally, it is perhaps better to amputate the part than to consume time with ineffectual treatment.

Rome, Pa. ARTHUR L. PARKS.

The Need of More Thoroness in Diagnosis.*

EDITOR MEDICAL WORLD:—An eminent physician has said that there is a genius of medicin, just as there is a genius of law, of the ministry, etc. The leaders in the medical profession to-day very forcibly compel us, in sheer self-defense, to think and to think right, if we desire to continue as activ, useful practicians in our chosen line of endeavor. It is indeed true that many physicians have been too slow in finding new means of relief for suffering humanity, and, even after they have learnt of newer and better methods of relief, they occasionally neglect to grasp the knowledge sufficient of knowing how to apply the means intelligently and successfully.

The demand of the times is absolute honesty in every physician; that he shall be qualified by education and experience to do good, conscientious work; that he be familiar with modern diagnostic methods, applying to the utmost of his capacity the facilities supplied by modern science; that he shall know the remedies he undertakes to use; that he shall know what needs to be done and do it.

When we consider the real necessity of more thoroness in diagnostic technic, and when we really comprehend that diagnosis is the art or act of discriminating between diseases and distinguishing them by their peculiar characteristic signs and symptoms, we are fully convinced of the great importance of a most thoro knowledge in this branch of medical educational equipment. The successful physician of to-day must be able to trace symptoms to the symptom producer in order to conquer disease. The stereotyped request of years ago, "Let me see your tongue," will not suffice for the up-to-date patient of this progressiv age. There also was a time when a patient who recovered from an illness was greeted by friends who said, "You got well." To-day the same friends ask of him, "What was the matter with you?" "What doctor did you have?" And we can congratulate ourselves on our ability to-day to tell our patients what they do have, providing they are sufficiently wise and interested to ask us.

It is best not to become too efficient in

*Read before the Seneca County Medical Society.

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diagnosis, and you must not entertain the thought that your conclusions in diagnosis are infallible, for it seems to be the universal verdict of all people that the man who succeeds, or even thinks himself a success, is never conceded the right to fail. Every one of you, no doubt, can recall the utter failures of prominent physicians of the past, which were simply due to their splendid reputations as efficient diagnosticians of their time. Just one mistake in diagnosis was sufficient for their complete downfall. Such would not have been the case had they been clast with the common plodders of the profession. The greater the man, the more noticeable is his fall, but let us not permit this truth to interfere with our intentions to become greater and more useful in our own intensiv field of labor.

When we are confronted with the fact that the latest estimate is that the known insect species alone number about three hundred thousands, or four-fifths of all described animals, and, furthermore, that the number of insects and microbes really runs well up into the millions, it is no wonder that we are many times simply appalled by strange and unknown symptoms of disease. And it means that we must constantly strive, faithfully and unceasingly, to become real geniuses in ability to quickly recognize and correctly differentiate every disease that we encounter.

We will many times learn that patience in diagnosis really, after all, means more power to us. Impatient, hurried, snap-shot diagnosis only tends to weakness. When we should be patiently and laboriously investigating and differentiating the causes and symptoms of disease, we very frequently permit ourselves to drift into a most careless manner of conducting a diagnostic examination.

The practician of fifty years ago who said: "I have treated diseases that I was unable to name," would have no place in the progressiv profession of to-day. Were he now living and practising, he would have no valid reason for repeating his admission of inefficiency to diagnose disease, for he would at once consult his books, which were written by men who are masters in diagnosis, and he would continue his investigation until he was able to tell his patient the name of the disease that afflicted him. Constant, studious pursuit of diagnostic principles and facts is a self-evident necessity, if we desire to be clast with the successful physicians of the age. In this progressiv age of division and subdivision of a disease into its numerous forms, we must, indeed, be adepts in all phases of direct and differential diagnoses.

Our best reputations as successful physicians are not necessarily that which apparently make us appear as good physicians, and sufficiently large-hearted to respond to the sick call at any time and anywhere. Altho we should never forget the full meaning of the old adage, "A servant is always worthy of his hire," and at the same time we have a realizing sense of our individual need of the dollars for continued maintenance in practise, we must never fail to respond to the sick call of the worthy patient, and we should ever strive to give a dollar's worth of service for the dollar we subsequently receive.

We should examin thoroly and give closest attention to every patient who calls upon us for treatment. We should not only carefully study the severe cases of disease, but we also ought to give the mild cases the same kind of careful attention. With an accurate knowledge of the cause of the disease, it is a comparativly easy task to apply the right remedy, in the right way, and at the right time to insure success. The examinations should never become monotonous to us, for by carefully and diligently studying each case, we will find many things of great interest to us. Altho the taking and recording of complete histories of cases is oftentimes laborious, the time and effort spent in this way will repay us in increast practise and confidence of our patients.†

The excuse that we drive patients from us by making complete examinations and charging them for the extra work and time consumed is indefensible, for the patient will pay for good service rendered him. The only physician who makes such an excuse is the one who has always been in the habit of giving a dollar's worth of service for a fifty-cent fee. Just as soon as we all recognize the indisputable fact that the service of each of us, who endeavor to be honest, capable physicians, is worth just as much as that of our equally reputable colleague, then, and not until then, shall we be able to collect our legitimate fees without complaint from our patients. People will pay, and without complaint, too, if we are a unit in demanding just remuneration for our services.

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†In this connection read Dr. J. Madison Taylor's article on taking case histories in December, 1913, WORLD, page 496.—ED.

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The greatest man in our profession today is he who is able, conscientious and helpful both to the people and to his colleagues. It should be our constant aim in life to strive to be more helpful to one another, and we should never refuse to loan our knowledge and ability to our associates in practise, for the more we loan, the more will be returned to us. Reciprocity means just what interpretation we give it. Our sense of professional duty, justice and helpfulness should ever be alert.

Criticism, however, tho it be adverse, either from patient or colleague, is valuable many times to us, for it is instructiv and it also urges us to greater effort and more activ endeavor. It is always true that occasionally some people will say that our diagnosis is not correct, and it is also too true that some fellow-practicians fully agree with them, but that should not deter us in the least from continuing our commendable efforts to be better diagnosticians. We shall never succeed in even quieting the waves of intolerance, of falsehood, and of abuse; but we must be content to let them ever beat against us and about us, and resolve to remain immovable rocks of truth, of liberality, and of true, sincere helpfulness to mankind and to ourselves.

It is said, however, that we sometimes give a very noticeable opportunity for just criticism, for there is quite frequently a tendency for us to magnify diagnostic details, which may prove highly prejudicial to the welfare and comfort of the patient, when tested by actual experience. Our diagnostic technic, as a powerful ally to intelligent procedure, requires continual profound study and differentiation with regard to its employment in recognizing and distinguishing disease. We have been told that real men are developt by difficulties. With such men there is no thought of yielding to the powers of procrastination or to the wiles of supreme satisfaction with present attainment, but they are possest with the firm determination to pursue their course of diagnostic study and research with courage, strength and conscious ability to win. A famous physician has said that it is the investigator, and not the healer, that is the more appreciated in the physician; and that a physician should be judged by the extent of his knowledge, and not by the extent of his cures.

Usually just before the curtain is run down on the closing scenes of our graduation day, a wise, experienced member of the medical profession frankly tells us that if we desire to have people clamoring for our services, we must exhaust the possibilities in every case that comes under our observation. We are everlastingly told by the able editors of our medical journals that the men who are in the front rank of our profession are the ones who have kept pace with the march of progress in medicin. That is why we are so thoroly convinced that the medical profession is not overcrowded, except at the bottom. We must admit, however, that if the medical profession stands for anything, it stands for exact and thoro knowledge based upon careful, scientific investigation. The day has long passed when we may classify diseases according to symptoms only, and apply remedies by a process of elimination.

One of the most serious hindrances to the physician's successful professional career is the tendency to accept the patient's diagnosis of his case. It is, indeed, a potent fact that many of the patients who come to us do not seem to require a careful examination, yet some of these patients may be afflicted with a heart lesion, disease of the kidney, incipient tuberculosis, or other serious ailment that ought not to have been overlookt. We should not forget, too, that the patient who makes his own diagnosis is almost invariably the fellow who becomes very easily dissatisfied with our apparent disinterestedness in his case, and his next physician gets his money and business simply because he would not accept the patient's version of his illness, and that he gave his patient the right kind of service. It does pay to be thoro in diagnosis and attentiv to the needs of our patients. No physician, however, should refuse to inform his patient, or those most interested in the patient's welfare, just what he finds by careful, painstaking examination. It is due both the patient and himself to reveal just what he finds in the case.

We are very frequently consulted by the patient who seems to find it necessary to call on all the physicians in the town. He sadly informs us that we are the seventeenth physician whom he has consulted in the last five years. He very glibly tells us that not one of his former physicians seemed to understand his case, and that they all utterly neglected to make the necessary physical examination to find out what disease afflicted him. This is the kind of cases that should prove a splendid opportunity for complete demonstration of the actual need of better

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and more thoro diagnostic technic, not only to ourselves, but to our colleagues, who had failed in the treatment of the case. Do not say the patient did wrong in going from physician to physician for relief, but lay the ax at the root of the tree, which belongs to the man who ought to know how to use the tools of his profession. In the successful treatment of disease, we must remember that it becomes very necessary, at times, to treat the idiosyncrasies of our patient as well as his disease.

The average patient, who attempts to describe his own illness, very frequently imagins symptoms, or describes them so inaccurately that they are not absolute guides to the physician. Many cases of incipient, serious ailments, which give no indication of their presence by pain or discomfort, are discovered by the physician in his laboratory. Very few people, indeed, are able to describe their symptoms in words so accurately that the physician can feel safe in making a positiv diagnosis on their description. We should not forget that it is our mistakes in diagnosis, rather than in treatment, that cause our patients to go to other physicians.

In a recent address, Dr. Jacoby, ex-president of the American Medical Association, said:

> There is a certainty that the general practician of to-day and of the future is a more efficient boon and aid than ever before. But be quite sure that you obtain a modern physician, old or not old, when you are in need. I do not advise you to employ a physician who has no confidence in what he has learnt or should have learnt, and in himself. No physician should send at present a specimen of urin, or sputum, or even blood to a so-called laboratory for examination. He must know it all himself. If you have reason to believe that he has not learnt how it is to be done, apply to some one else. You want the best there is; and the best there is is the family physician who combines modern methods of diagnosis with clinical experience and a warm heart, full of sympathy with your ailings or dangers and those of your dear ones.

A writer in one of the leading medical periodicals says:

> The general practician has his greatest field for advancement at his own door. He neglects his chronic cases, he overlooks complications in his acute cases, he utterly fails in the majority of instances to utilize a wealth of valuable clinical material that comes to him and pays him to do what he pays for the privilege of doing when he takes a postgraduate course.

Besides devoting more time and attention to diagnosis in our own cases, we should constantly watch medical progress all over the world, and thus avail ourselves of every diagnostic measure that the research and clinical investigators place within our reach. You have, no doubt, noticed recently in the daily press that the president of the Ohio State University made a tour of investigation to some of the leading educational institutions of the nation, for the express purpose of learning how the medical departments of the institutions are conducted.

He found that one of the new features adopted by the Michigan State University was the appointment of a number of physicians, whose duty shall be to make an intensiv study of every person about whose sanity there is the least doubt. A complete history is taken of each case and appropriate treatment is administered, which restores many, and they never see the inside of an asylum. The Wisconsin State University is organizing the physicians of the state into classes, and is sending its professors to keep them in touch with the very latest discoveries along diagnostic, health and sanitary lines.

The physician, if he desires to be numbered with the progressiv men of his profession, must not only be efficient in recognizing the direct causes of disease, but he must also be able to determin the distant and obscure causes of many diseases, *e. g.*, that diseased tonsils may be the cause of inflammatory rheumatism; that a diseased stomach may cause a severe throat trouble; that people who constantly rebreathe the overheated air in living apartments or in badly ventilated offices do not digest well, no matter what they eat; that appendicitis and other intestinal diseases are due to gloomy thoughts and to the continual nursing of a grouch; and that an absolutely certain preventiv for appendicitis is to smile continually and habitually. So in many instances a correct diagnosis really means a deserved reputation for us.

And, again, the physician of this remarkably progressiv age must be prepared to differentiate the living and the dead organism. A French diagnostician has just made known to the medical profession an infallible test of life or death. This diagnostic test is made for the purpose of avoiding the possibility of premature burial, and it is made by injecting a small quantity of fluorescin, which is said to be quite harmless, but is one of the most vivid coloring matters known. If there is the slightest circulation of the blood, the coloring substance will be distributed thru the body, and

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stains it a vivid golden yellow, while the eyes become a deep emerald green. Half an hour is sufficient time for making the test.

It is needless for me to recite the failures that we have made in practise, for we are all painfully confronted by them as the years of ceaseless toil continue. We should all commit, and forever store in our memories, the beautiful lines on "Service," by William Allen White:

Service is the coin in which humanity's debts are paid. Our debt is tremendous—the liberties we enjoy, the food we eat, the clothes we wear, the houses in which we live, are not of our own getting. We owe for all of them. In our civilization, countless thousands serve every man every day. And as man rises above the average of his fellows, the thousands become tens of thousands, and his debt to humanity grows heavier. What we must realize before eternal justice will be establisht upon earth is that no man can pay his debt, and also that the only happiness he can have is in trying to pay it. And he must also realize that folly's crown is on the head of him who tries to pay his debt to humanity in dollars and cents.

BURTON R. MILLER, M.D.

Tiffin, Ohio.

Hyperthyroidism.

EDITOR MEDICAL WORLD:—Several articles—some very good ones—have appeared in THE MEDICAL WORLD during the past year with reference to the treatment of goiter. Some of the suggestions that are offered relativ to the treatment of this condition would indicate that the profession at large has not kept up with the rapid progress that has taken place during the last few years with reference to the pathology and treatment of goiter.

The pathology of hyperthyroidism is now quite well understood, and the symptoms have been well defined. The diagnosis should therefore be made before the classic symptoms described by Graves develop.

We now recognize the fact that we may have exophthalmic goiter without the exophthalmos, and with very little, if any, enlargement of the thyroid.

A great many preparations have been suggested for the treatment of this condition, but it is doubtful if drugs, x-ray or local applications are of any value.

The most valuable and rational treatment to begin with is *rest* in bed. If the tachycardia is not relieved, and the patient's general condition improved after a few weeks of rest, surgical treatment should be advised. If operativ treatment is sought before degenerativ cardio-vascular changes take place, the mortality is very low.

A well-defined case of hyperthyroidism, especially if the disease is progressiv and has continued for some time, is no more a medical condition than is acute appendicitis or mastoiditis. No well-informed physician would think of treating either of these diseases medically. Why not learn to recognize this fact with reference to hyperthyroidism, where the condition is well defined and the intoxication progressiv? Some will say that they have had cases recover under medical treatment. That is true. Many recover without treatment. Unless our treatment is based on rational and scientific principles, we should not attribute a successful result to the particular treatment. Nature is still our greatest therapeutist and often accomplishes results tho hampered by meddlesome interference.

Let us not place too much reliance on the successful outcome of a single case. The Indian medicin man, the Hindu magician and the African snake charmer will boast of many cases treated successfully.

Unless our treatment is based on scientific principles, with a thoro knowledge of the pathology and etiology of the condition treated, we have no way of arriving at definit conclusions.

Just a word regarding the use of iodin in the treatment of simple goiter. Dr. C. H. Mayo, who has probably treated more cases of goiter than any other man in America, has repeatedly called attention to the fact that the application of iodin will often transform a simple parenchymatous or cystic goiter into an exophthalmic goiter. His opinion is confirmed by many others, whose experience entitles them to speak with authority on this subject. It would, therefore, seem advisable to refrain from the use of iodin in the treatment of this condition, altho its use is often followed by marked decrease in the size of the goiter.

C. L. SHERMAN.

Luverne, Minn.

EDITOR MEDICAL WORLD:—Inclosed find $1.50 for WORLD and *Equity*. I can thank you, thru your "Monthly Talks," for my doing my own political thinking, and the result is: I have become a "dyed-in-the-wool" Socialist. I enjoy your "Talks" to the extent that I have kept them and bound them since the year 1901, and have loaned them to numerous people, who all pronounce them a *great educator*. On account of age and other sufficient reasons I will soon retire from the practise of medicin, but expect to read THE WORLD as long as I can find the "Talks" in it.

Rampart, Alaska. J. H. HUDGIN.

EDITOR MEDICAL WORLD:—I enjoy reading The WORLD very much because it contains so much good old horse sense.

C. W. SMITH, M.D.

Oak Grove, Louisiana.

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How to Get Well and Keep Well.

EDITOR MEDICAL WORLD:—In order to recover from disease and retain vigor, health and vitality one must live as nature intended him to live. The most important hygienic factors in treating all classes of disease are pure air, cleanliness, exercise, good food, proper clothing and proper mental attitude toward life.

Pure Air.

Air is necessary to the inhabitants of the earth. It is the medium in which all animals live, breathe and perform their life functions. This medium extends (according to scientific calculations) to a distance of fifty miles or more and consists chiefly of two gases, oxygen and nitrogen. Nature has made a wise provision in giving us the air mixt in the proportion of one-fifth oxygen and four-fifths nitrogen. Science has shown this combination to be best support for animal life.

In order to retain vigor, health and vitality, air should be breathed just as nature provides it. It must be pure and fresh, constantly renewed by proper ventilation, so as to be free from the noxious gases given off by the lungs and fireplaces. The oxygen, after it enters the lungs, combines with the red cells of the blood, and these, in turn, carry the gas to the different tissues and organs of the body, where it creates heat and energy to be utilized for motion, work and the different processes of life.

Workrooms are very frequently improperly ventilated, the schoolrooms are often overheated and usually overcrowded. Places of amusement are often filled with air unfit for any living thing. Even lecture rooms, where hygiene and rules of health are taught, are very often filled with poisonous, foul air, unfit to breathe. [Some newspaper printing houses, where they preach factory hygiene loudly, are themselves reeking with vitiated, overheated air. —ED.]

Impure air is always a menacing poison and tho slow in its action is bound to undermine the health. It is often a cause of headache, lassitude, faintness, lack of power to think and accounts for much inefficient work. It is always conduciv to a low state of vitality, bringing about colds, bronchitis, pneumonia and consumption—the last two the greatest foes of man. Pure fresh air, with proper safeguards against draughts and colds, never causes these diseases. Germs of consumption cannot breed in fresh air and sunshine.

Outdoor life, with its fresh air and sunshine, are today regarded as the most powerful weapons to fight the Great White Plague. Pneumonia, with its high death rate, is a sure accompaniment of the winter months, not because of the lowered temperature, but because of the ill-ventilated, overheated homes, schoolhouses, workrooms and cars. Pure air, night and day, is your safeguard. Buy an extra blanket; nail *up* your windows, not down, and you will come down to breakfast with a clear head, bright eyes and ruddy cheeks.

Cleanliness.

Cleanliness comes next to Godliness. The daily cold bath can be thoroly recommended in all climates, when the patient is strong enuf to bear it. In case he is not, however, he should use a tepid or sponge bath instead, to begin with, and afterward try to accustom himself to cold water by degrees.

Good Food.

By good food I mean food that is nourishing, wholesome, pure; food that will build up your strength. We all need every day some food to make muscle and keep the tissues of the body in good repair; then we need some fat to keep the body warm, some starch and sugar to give us energy, some mineral matter to keep the blood right and aid digestion, and lots of water to help get all this food to the tissues and to carry away wastes. The amount that we need of these different kinds of food depends upon our work, our age, the climate and ourselves. Then, of course, it is necessary to know which are muscle foods, etc., so below I have written out the classification of foods according to their principles:

Fat Foods—Butter, cream, oil, fat of meat, such as bacon; oil in cheese, oil in nuts and oliv oil.

Sugar—Sugars of all kinds, honey, syrup, sugar in fruit, candy, etc.

Muscle Foods—Lean meat, lean parts of fish, cheese, beans, peas, eggs, milk, nuts and other foods.

Starch—All cereals and flours, potatoes, corn, bananas and some other vegetables.

Mineral Matter—In all fruits and all vegetables, also table salt.

Exercise.

No human being should fail to take a certain amount of exercise daily in the open

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air. Physical fitness is to place the body in such condition that we may be guarded against the unseen but ever-ready enemies. This can only be accomplished by exercise. Life, which is considered physical, cannot be lived without regard to and respect for the physical. If we lookt at it in no other light than its aid to the mind, it would still be worth while. It is the mentality that enjoys, no doubt, but it is the physical organism that makes possible this mental enjoyment, the healthy, even, normal spirit.

Penna. D.

Puerperal Eclampsia.

EDITOR MEDICAL WORLD:—In reading your valuable journal I have noticed a number of articles written upon the subject of puerperal eclampsia, and as I have had an unusual number of these cases this year I wish to call the family's attention to the following cases:

Case 1.—A negress of 27 was first seen March 2, 1913, at 12.30 a. m. Her family history and past history were good. Two weeks ago she began having headache, disturbance of vision and edema of feet and ankles. Present confinement was normal till after birth of child's head, when she began to show symptoms of convulsions by twitching of muscles, rolling of eyes and blindness. During the next half hour she had seven convulsions. During the intervals she was very nervous and begged continuously for light. The convulsions ceast after she had had eighteen, but she was very nervous and excitable for several days. The patient was catheterized and one pint of pale urin was drawn, which had a specific gravity of 1.009, but showed no trace of albumin. The patient seemed to make a complete recovery, but September 2, 1913, had a number of uremic convulsions. Treatment was by chloroform, morphin and veratrum for convulsions. Croton oil, hot pack and three pints normal saline subcutaneously for elimination. Bromid and chloral compound as a nerve sedativ.

Case 2.—On April 10, 1913, I was called to see Mrs. B. M., aged 17, who gave the following history: Last menstruation August 1, 1912. Gestation normal till April 6th, when she began having headache, amblyopia and scanty urination. When I arrived at 9.30 a. m. she had had two convulsions and each time her attendants thought she was dead. Upon examination I found her perfectly rational with a rapid, wiry pulse, urin very scanty and loaded with albumin. About half an hour after my arrival she had a very hard convulsion, which lasted about three minutes and was followed by coma, which lasted one hour. The convulsions recurred at 12, 2, 3.30 and 5. As the paroxysms were becoming harder and more frequent, I decided that my only hope was in emptying the uterus. At 6 p. m. the patient was anesthetized and I began manual dilatation of cervix, which took thirty minutes. At 6.30 I applied forceps and at 6.50 succeeded in delivering a living male child. The patient had two light convulsions after delivery. She made an uneventful recovery. Treatment was by chloroform and morphin to control convulsions; veratrum, pilocarpin, hot pack, two pints normal saline subcutaneously for elimination of toxins. Seventy grains of bicarbonate of soda in 1 pint of water per rectum. This is believed by one authority to neutralize the acid intoxication of the kidneys.

Case 3.—Mrs. Jas. S. was first seen October 22, 1913, at 8 a. m. She gave the history of ten normal pregnancies. Last menstruation February 15, 1913. For past three months she has been having headache, insomnia, amblyopia, edema of feet and ankles and scanty urination. The night preceding my visit she suffered with headache, insomnia and twitching of muscles. I found patient blind and semicomatose, with rapid, wiry pulse. The patient was catheterized and the urin was found to be almost solid with albumin. Realizing the seriousness of her condition, I called for consultation. My consultant agreed with my diagnosis, prognosis and treatment. Upon internal examination we found that the cervix was slightly dilated and by using the fingers as a dilator the cervix was soon sufficiently opened to admit forceps. When I attempted to apply forceps I found a prolapse of the cord. After replacing this I applied forceps and began traction. I soon found that this was having no effect, and upon examination discovered prolapse of the cord and both hands, which rendered engagement of the head impossible. I removed the forceps and performed version, and at 11.30 delivered a stillborn girl. There were no more convulsions after delivery, but she remained amaurotic for seventy-two hours. She is making a rapid recovery.

Treatment was by chloroform, veratrum for convulsions; hot pack, normal saline subcutaneously, oleum tiglii, magnesium sulfate and diuretics for elimination of poisons.

I know that some authors advise against the use of normal saline, but so long as I get 100 per cent. of cures I shall continue to use it.

L. R. HENRY, M.D.

North Middletown, Ky.

Stillbirths.—Knotted Umbilical Cord.

EDITOR MEDICAL WORLD:—On September 29, 1911, I was called to attend Mrs. K. in her fourth confinement at full term. I had attended her in all her previous confinements, which were normal; but for about two weeks before her expected time on this occasion she had not felt any movement of the child. Labor progrest in a satisfactory manner and in three hours a well-developt stillborn male child was delivered. From its appearance I should say it had been dead a couple of weeks. The only evidence that I could see to account for its death was that the cord, which was about eight inches in length, was perfectly bloodless. But what caused it to be in that condition was a puzzle to me.

On November 18, 1913, I was again called to attend Mrs. K. She informed me that for several days she had not felt life or any movement of the child. At this time, according to her reckoning, she was only seven and one-half months pregnant. The edematous condition of her lower extremities, which had inconvenienced her a great deal, had entirely disappeared. As she had felt quite

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comfortable and able to do her work as a housewife, she had not felt particularly anxious about herself. When I arrived at the bedside of my patient I found a normal presentation and labor progressing nicely, and in a couple of hours a well-developt stillborn male child was brought into the world.

In both cases the cuticle was detacht in large patches. Upon examining the cord, which was of large size and about fourteen inches in length, I found five inches from the body a perfect knot. The cord was of a dark-red color, showing it was intensely congested; but when cut it did not bleed. Here was a child that would weigh six pounds at least and a cord fourteen inches long with a complete knot in it. The only solution that I can give is that in the early months of pregnancy thru some movement of the fetus the knot was formed and as time went on the knot gradually tightened until circulation ceast altogether.

In a practise of forty-four years I have never met with anything of the kind before. I am certain such instances must be rare, and I thought a history of the last case in particular would be of interest to the many readers of your valuable journal.

A. NIXON, M.D.

Toronto, Can.

Repair of Uterine Os and Perineum.

EDITOR MEDICAL WORLD:—I read the article and advice of the editor with interest under the heading, "Paralysis—Loss of Nerve Tone," in November WORLD, page 467.

I would suggest looking after the tear that almost always exists in the mouth of the uterus, and repairing it, which, in my judgment, is deeper reaching in its effects than the perineal rupture.

One will generally notice in these cases a subinvoluted, enlarged uterus; os open, ulcerated; bluish; casting off a thick, muco-purulent discharge, accompanied usually with flexure. Repair of the perineal laceration will accomplish but little if the uterus is left in the abnormal condition.

Now, Doctor, if repair of perineum is undertaken, do not simply shave off the mucous membrane and bring the parts together, as it will do no good; see that the deep muscular tissues are approximated with buried catgut sutures.

You will aid the patient much by deep spinal manipulation—spondylotherapy, if you please. Internally you will get some good from the administration of fluid extract of ergot, 10 drops three times a day. Cold baths will certainly not do wrong. Advise your patient to abstain from coffee and alcoholic stimulants.

Pittsburgh, Pa. M. J. BUCK, M.D.

Congenital Smallpox.

EDITOR MEDICAL WORLD:—I reported a case of congenital smallpox, in April WORLD, page 154, but have failed to hear of but one similar case, which was one of Dr. W. J. Hansen, of St. Joseph, Mo. His case developt the trouble when three days old, and ran a regular smallpox course. My case ran a regular smallpox course and shed off and left the regular smallpox pits on its face, body and the bottom of its feet. There is no indication of any specific trouble and no history of any in either family. The baby never has been sick otherwise and looks as lusty and robust as any baby I ever saw, consequently I cannot think it anything but smallpox. Perhaps I will be severely criticized, which is the meat of progress, and I will take my medicin pleasantly, as I want to know or learn all I can about such cases. If any brother has any questions to ask, I will gladly answer them to the best of my ability. There has been no sign of ulceration of any kind in this baby. I have seen the baby every few days and had several different doctors to see it, and they say if it is not smallpox they do not know what it is.

M. M. HART.

Vera, Texas.

Unusual Experiences.

EDITOR MEDICAL WORLD:—I am getting out a book of the funny things run up against by the doctor, especially the country doctor; also of emergency cases where something had to be done right then.

Any and all of the WORLD readers who have something of the kind to report, giving name and address of the physician, etc., please send it in, and all who assist in this matter shall have a copy at its actual cost.

In the autumn of 1911 I was called thirteen miles to a case of labor, and I had to stay there three days before the woman was delivered, and the only book the family had for me to read was a copy of Sears & Roebuck's catalog, a Chicago mail-order house. Then I conceived the idea of a book of this kind, one that I could carry with me.

I. L. GARRETT, M.D.

Jamestown, Tenn.

[Doctor, you can find plenty of material in THE MEDICAL WORLD.—ED.]

Spasmodic Diseases.— Pneumonia.— Tuberculosis and Other Pulmonary Diseases.

EDITOR MEDICAL WORLD:—I meet absolutely all spasmodic conditions with apomorphin hypodermically. It has never failed me so far, but you must be ready to guard it with strychnin (hypodermically). I use ⅛ grain of apomorphin generally, but have used as high as three ⅛-grain tablets when experience taught that they were required to produce relaxation, but usually ⅛ grain is sufficient. It is safe so long as spasm lasts.

I also use it to clean up bad cases of drunks before starting other treatment. I stopt gallstone colic with it when two ¼-grain injections of morphin had failed a few days before.

I know a physician who has in sixteen years' practice (and a big one, too) lost just one case of pneumonia, and that in an old lady of 76 years, who had taken sick Monday and he was not called until Friday evening, when lungs were almost solid and coma had set in. His success was due to his first visit. His mode partly was the application of large bran pillows, applied stinging hot, and changed every four or five minutes until profuse perspira-

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tion was produced; then libradol was applied over chest surface.

Pittsburgh, Pa. E. H. MOORE.

Chloroform in Early Stages of Pleuro-Pneumonia.

EDITOR MEDICAL WORLD:—The following brief record of prompt relief from painful respiration in a case of pleuro-pneumonia may be helpfully suggestiv to brother-physicians:

On December 27, 1911, I was called to prescribe for Miss G., who I found had a well-develop case of pleuro-pneumonia. She had attended a ball the night before in thin attire, had danced until the small hours, and doubtless had become overheated and exhausted. When the dance was over it was found that the street cars had ceast running, and she was compelled to walk home, a distance of several blocks. The streets were slushy with half-melted snow and the young lady had no overshoes. When the following day I was called in she had had a hard chill. Her fever was very high, temperature almost 104°, and respiration causing almost unbearable pain. Indeed, she continually declared she could not bear the pain, and implored me to give her something to afford quick relief. I ordered antiphlogistin over the chest, front and back, and in addition to the indicated remedies I administered 1 fluidram of chloroform by the free-air method, using a small glass inhaler. She experienced almost instantaneous relief, and in less than ten minutes was comfortable. Not only was the pain relieved, but the influence of the chloroform seemed to clear up the tubes and cells, so that her breathing became much less difficult. The patient rapidly recovered, and I am convinced that the prompt administering of this remedy aided in her rapid cure, as well as in affording immediate relief from the intense pain she was undergoing.

Might not this remedy be valuable in the early stages of many cases of pleuro-pneumonia? It certainly is preferable to administering morphin or other habit-forming opiates.

During the past three or four years I have had occasion to administer small quantities of chloroform by the free-air method in a number of cases when its employment seemed indicated, with uniformly excellent results. I have found that from ½ to 1 fluidram of chloroform, used in an inhaler admitting of mixing with the free air, will afford relief when taken into the lungs, without being attended by any ill effects. It is especially valuable in stopping obstinate hiccoughs. Indeed, I have never known it to fail in giving prompt relief in such cases. ALFRED H. FLOWER, M.D.

Boston, Mass.

[Chloroform was recommended for pneumonia in THE MEDICAL WORLD for April, 1912, page 147, and May, 1912, page 197. Dr. William B. Hidden, of Boston, has devised an inhaler to use in such cases.—ED.]

Unusual Symptoms of Auto-Intoxication.

EDITOR MEDICAL WORLD:—I wish to present to your readers an irregular phase of auto-intoxication. I was called to see patient October 10th and elicited following history:

Patient 53 years of age. Family history negativ. Never sick; strong, robust and energetic. On October 6th while doing some light work he was seized with a pronounced chill, followed by profuse perspiration and dizziness, lasting 2 hours. This paroxysm was repeated on the 8th, but at a different time of the day. Examination revealed pulse, 96, temperature, 103°. Tongue furred; skin sallow; abdomen prominent, markedly sensitiv, especially over hepatic area, which was enlarged. Bowels soluble, daily pains over body intensified in ankles; headaches; appetite good. On 11th, 12th and 13th, chill and sweating at 5 a. m. Temperature and pulse varying from 102° to 102.5° and 78 to 90, respectivly. At this time palpation of left lobe of liver caused markt pain.

Complete anorexia, which lasted two weeks. Water, also deep breathing, caused intense gastric distress. Alvine discharge very feculent and serous. Urin diminisht and loaded with phosfates and urates; vomiting. Delirium constant, more pronounced at night. Intense cephalalgia over parieto-occipital area. These features lasted 6 days, ameliorating gradually, temperature dropping to 97.8° October 19th, with a sudden exacerbation to 102.5° the next day.

On October 22d, the patient was feeling comfortable, absence of pain only on deep pressure over left hepatic lobe. Had desire for food. Temperature, 98.3°, pulse, 76; stools less feculent and more consistent. On October 24th decidedly convalescent.

Differential diagnosis to exclude: hepatic abscess, malarial or typhoid invasion, diaphragmatic abscess, and septic cerebral infarct.

Treatment.

Oleum eucalyptus, sodium phosfate effervescent, hydrarg. chlorid mite, emuls. terebinthinæ, zinc sulfocarbolate, calcium sulfate and arsenic. Some of these drugs were used singly and combined, and the result is a patient gaining strength and whose blood is not making the circulatory cycle loaded with lethal toxins.

J. C. HATHAWAY, M.D.

Mechanicsburg, Ohio.

Sodium citrate is one of the best of all modifiers for milk for bottle-fed babies, and is absolutely harmless. In addition to rendering the curd of cow's milk more flocculent and easier of digestion, it has the property of stimulating the peristaltic action of the intestins, thus combating the common complication of constipation. Fifteen to 30 grains may be given in the course of the day, dissolved in the modified milk. The beneficial effects are quickly noticeable in cases where vomiting has been a prominent symptom, the rejection of the food ceasing almost at once.

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Typhoid Fever, Again: Prevention and Cure.

EDITOR MEDICAL WORLD:—Will you kindly permit me to add a word of explanation after your very excellent editorial comment on my article on typhoid fever in your December issue? The medical profession is of late years making a great spread in "preventiv medicin"; but according to my observation and careful study of the subject, about the only improvement is in the line of sanitation, and this is more in general than in personal sanitation. It seems to me that my article very clearly proved that there is such a thing as the prevention of typhoid fever, and, therefore, the saving of something like fifty or sixty thousand lives every year in this country. It is inconceivable that none of the hundreds of cases of fever that I have attended during the past thirty years had ever been up against a "typhoid carrier" in the shape of a stable or house-fly, or a human being "harboring the typhoid bacillus." I presume that no one would take so absurd a position as to that matter.

The editor remarks that "this kind of fever can easily be cured by his method of treatment." But I have had now and then a case of the "simon pure" typhoid that I have been called to attend after two or three weeks of the prevailing method, and the radical change in treatment has saved life in a number of cases. The most notable instance of this kind happened something like three years ago, the patient being at Presque Isle, Me. When, after two weeks' treatment by the local doctors the patient was given up as past cure, his daughter was summoned by wire to attend her father. I have for years been the daughter's family physician here in Boston. She wired her husband as follows: "Father failing rapidly; hiccoughing twenty-four hours; two hypodermics to-day; get Dr. Page's advice." Her husband brought the telegram to my office, and I immediately began having telegrafic exchanges with his wife at Presque Isle. The forced feeding was immediately stopt. His temperature being subnormal, there was no call for cold-water treatment, except a little cold compress at the pit of the stomach for a time as a treatment for the hiccoughs. The feet and legs were envelopt in a moderately hot blanket fomentation to put life into this almost lifeless patient. He had been purging blood and undigested food in the most shocking way for days and nights. But after a few days of therapeutic fasting and the careful nursing by his daughter there was good evidence of convalescence, and within four weeks he was brought to Boston for completion of the cure. A few months later he returned to his occupation as traveling salesman, and has enjoyed very good health ever since. In this case there was a fast of something like twelve days, during which he had fresh water when thirsty, and he had small portions of moderately hot water every hour or two when awake. I telegrafed directions daily to the nurse, and sent carefully dictated letters from day to day in reply to reports from the bedside.

As long ago as 1887 a New York banker in whose family I had been of some service wired me the story of his 5-year-old boy's typhoid fever as diagnosed by the family physician and a consultant, whose prognosis was "no hope of convalescence under twelve days." They had been in attendance for nine days. "Temperature, 104½°; some delirium, feeding milk every three hours; wire directions for treatment and confirm by letter." The lad was safely convalescent within four days, and on the fifth the father reported: "Donald is free from fever, eating as you directed, perfectly comfortable, playing with his toys on the bed." This little patient was the nephew of a president of the New York Stock Exchange. "Error in diagnosis?" The reader had better learn the true lesson of thirty years' test than quibble over this point.

Another case, the daughter of a former local superintendent of the Chicago, Milwaukee and St. Paul Railroad, with home at St. Paul, Minn., a 6-year-old girl's case diagnosed as typhoid fever by the family doctor, the father being sick at the time with the disease, which had the usual long run. He being too ill to take a hand in the fight, his wife wired me the condition and symptoms of the daughter, and here again was a victory over "typhoid fever"; daily wiring; back in school within ten days!

I repeat here what I have been saying for many years past, that I would no sooner feed a fever patient than I would deny food to a starving creature. And as for the use of medicin and the question of one's alma mater, I would remark that at present writing I do not happen to know what medical school graduated Sir Frederick Treves; but I hardly think that he was a graduate of old Mother Eddy's school, altho I do know that he regards medicin as I do. In an address before a scientific association, this physician to royalty said: "I look forward to the time when the people will give up the extraordinary practise of taking medicin when they are sick." Neither Treves nor Page is a "Christian scientist," by any means.

In conclusion, I would say that it is high time for the medical profession to revise its treatment, which, according to my estimation, is responsible for at least seven-eighths of all the fatalities attributed to "typhoid fever."

Boston, Mass. CHARLES E. PAGE, M.D.

The Eugenics Marriage Law of Pennsylvania.

EDITOR MEDICAL WORLD:—I read with much interest an article which appeared in the October *Medical Summary* on the eugenics marriage law which has lately been adopted in Pennsylvania, and while I believe that such a law, could it be universal, might greatly reduce the amount of disease, particularly that of a chronic nature, and give us a better, healthier and more intelligent class of men and women, and, while the adoption of such a law might relieve the city and state of much of the burden which it has to bear in caring for those who are the result of improper marriage and the doctor of much of his business as well, yet there is another side to the question which is not quite so pleasant. It is generally known to physicians that ninety out of every one hundred persons in our larger cities are afflicted with syphilis either inherited or acquired. Of those who are not, many are cigarette fiends or addicted to the drink or drug habit, which under such a law would unfit them to enter into marriage relations; some are mentally and physically incapable of doing so, some do not care to marry, while others who do marry are not able to transmit their progeny to future generations. So, should every person desiring to enter into marriage relation be obliged to pass an examination as to his physical and mental

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fitness, it seems to me that only a select few would be permitted to make homes for themselves, and as the tendency at the present time is to bring as few children into the world as possible and preferably none, in a few decades the American race would become extinct, and its place would be filled by those migrating from other countries. Moreover, there are, particularly in the male, certain desires, passions or appetites, which in many cases must be gratified, and those who have done genito-urinary work in our larger cities will easily understand what conditions a few years' enforcement of such a law might bring about.

To sterilize, as some writers have suggested, all those who under such a law would not be permitted to marry would be out of the question; as it would not only require a great amount of time, which could better be given to work of more importance, and mean an enormous expense to the city or state for the execution of such work, but would interfere with certain liberties which I believe no state or city has a right to do. The development of such mental and physical defects that are often found in children which would in later years prevent them from entering into marriage relations is a good work and should receive all the encouragement possible. Much may also be done thru education, and I believe it is the duty of the parents to instruct their children in regard to their conduct toward the opposit sex, both in public and in private life. I believe that they should also furnish them with suitable literature regarding the physiology of marriage and of the acquisition, transmission and results of venereal diseases, both upon themselves and upon their children, as by so doing much of the evil results of improper marriage may be learnt. F. L. JACKSON.

Westbrook, Maine.

Carbolic Acid Poisoning.

EDITOR MEDICAL WORLD:—On March 18, 1913, at 6 p. m., I was summoned in haste across the street from my office to see J. M., 26 years old, male, who had swallowed one full ounce of pure carbolic acid, with suicidal intent. I found him on the floor, black, with stertorous breathing, almost completely paralyzed and moribund. I pried his teeth open, put the stomach pump into his stomach and washt it out with soap and water, then a solution of sulfite of soda and alcohol several times. I then had him moved to a room and put to bed. In an hour or so there was no apparent change for the better. His heart was making three short weak beats, then would stop a pace. For the shock I gave him 1/75 grain of atropin, ½ grain of morphin and 1/40 grain of strychnin. At about 1 a. m. he opened his eyes and wanted water, which was given him freely. He was then given elm mucilage solution. I also gave him milk of bismuth and hydrastis every hour, and another hypodermic injection of half the dose of the former. In four days he was up and gaining and made a complete recovery. He got all of the acid, as the frequent vomiting and empty bottle attested. N. C. DAVIS, M.D.

Badger, Minn.

EDITOR MEDICAL WORLD:—I have been in the activ practise of medicin since the year 1900, and have been a reader of THE WORLD continuously from that date. I like it for its practical helps to the general practician.

Buffalo Springs, Texas. E. M. CARMAN, M.D.

Pleasure, Practise and Pay.

The doctor's chance had come,
Or, at least he thought 'twas one,
  When he and his wife might go to see a play.
He had just put on his things
When he heard his call, three rings,
  And thru the 'phone he heard a woman say,

"O Doctor! Come up quick;
Little Johnny's awful sick;
  He has got an awful, awful stomachache.
Be sure you come right soon
I'm as nervous as a loon.
  Do hurry and get here, for goodness' sake."

As he rose upon his feet
And seized his bag so neat,
  He thought while putting on his cap,
"Why should I all fun forego
To wait on folks I know
  Have never paid and will not pay a rap?"

But business it is biz.
And very oft it is,
  That a sawbones can't do always as he might.
He is at the beck and call
Of every one and all.
  He must stay and tend all business that's in sight.

He must leave his smoking dinner
To wait on some poor sinner
  Who *could* stand his grief for half an hour or more.
When "old Doc's" relieved the pain
Which he tried to bear in vain,
  Doc's pay is, "put it on the score."

For, when in those awful throes
From his head down to his toes
  He would pay the wealth of Crœsus for relief.
With the pain and Doctor done
Thanks and gratitude are gone,
  To collect the fee's the action of a thief.

For the story is, you know,
That the Devil, down below,
  Of fell disease he could not bear the sting.
So he turned to thoughts most holy,
And, becoming meek and lowly,
  Decided he would sprout a pair of wings.

But his pains, they passed away,
And, he thought, "What did I say,
  When I suffered those dod-gasted nasty stings?
I was hasty, I declare,
When I vowed I'd mount the air
  And graft on me a pair of angel's wings."*

So you see, our recompense
For our time and use of sense.
  The thankless ones a doctor oft does see.
But, thank the Lord of Light,
Most patients are all right:
  They show appreciation by a fee.

Liverpool, N. Y. A. B. RANDALL.

*[This allusion is to the old familiar couplet:
When the Devil was sick, the Devil a monk would be.
When the Devil was well, the devil a monk was he.
—ED.]

EDITOR MEDICAL WORLD:—I like THE WORLD and have back numbers bound and now use them for reference nearly every day. W. C. LINCOLN, M.D.

Providence, R. I.

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THE PRESCRIPTION PAGE.

Severe Cold or Grip.

EDITOR MEDICAL WORLD:—In accordance with your request in December WORLD, page 484, I am giving a formula which has never failed to cure a severe cold or grip speedily and gently:

℞ Pepsini.....gr. vij.
Phenolphthaleini.....gr. xxij.
Acetanilidi.....3 ss
Quininæ hydrochloridi.....3 ss
Salolis.....3 ss
Ammonii chloridi.....3 ss
Carrhini pulveris.....gr. j.

Misce secundum artem, et divide in capsulas numero xv.

Signa: Take one capsule every 3 hours.

BERENT HENDRICKSON.

Heyworth Bldg., Chicago.

Tincture of Iodin for Toothache.

Physicians who do their full duty often advise parents against extraction of children's teeth at a too early age merely because the child complains of the ache. Too early extraction will often result in the second teeth being ill set and irregular. Unless the aching can be stopt, argument and advice are useless with the vast majority of parents. Many of them have tried the ordinary remedies before coming to the physician to have the tooth extracted, and will be disgusted if tendered oil of cloves, creosote or aconite.

If anything will stop an aching tooth, it will cease paining the child almost instantly if tincture of iodin be painted over the tooth and adjoining gums. The child is instructed to expectorate immediately the brush is withdrawn from the mouth, thus expelling any excess which may run down over the gums. One application is usually sufficient, but the application may be repeated, if necessary, at the end of a few minutes, or when the pain is again manifest. This method will often tide matters over so that the tooth may be preserved for a long time.

The *Spatula* gives the following formula, as a new toothache cure which differs from the ordinary preparations familiar to the laity:

Chloretone ..... 1 dram
Camphor ..... 1 dram
Oil of peppermint.....30 drops
Oil of cajeput..... 5 drams

Mix, saturate a pledget of cotton with it and pack into cavity.

Ointment for Pruritus Ani.

Tuttle highly commends the following formula in pruritus of the anus:

℞ Carbolic acid.....2 drams
Salicylic acid.....1½ drams
Sodium biborate.....1 dram
Glycerin.....1 ounce

Mix, and apply on retiring, and during night, if necessary.

Humanized Milk Powder.

From "The Physician's Formulary," page 69, we derive the following formula, which can be made extemporaneously by any druggist on prescription, avoiding the high price for the proprietary article. This is a useful preparation and should be used in many cases of infant feeding where other preparations or the mother's milk disagrees:

Pancreatin ..... 7 grains
Sodium bicarbonate ..... 28 grains
Sugar of milk.....965 grains

Mix well. One teaspoonful equals 100 grains. One teaspoonful is used to a feeding, placed in the milk, which is then warmed for ten minutes. The milk is then brought to a boil to stop the action of the pancreatin. It is fed to the baby when it is cool enuf.

Reduced to its simplest terms, it represents ¾ grain of pancreatin, 2¾ grains of sodium bicarbonate, and enuf sugar of milk to make 1 teaspoonful. It appears to us, from our observations, that failure of infantil digestion is a result of lack of the digestiv ferments—pepsin and pancreatin, either or both—in the baby's alimentary canal, and the logical thing to do is to administer what is lacking. Experience thus far has borne out our belief.

Improved Esbach Formula.

Esbach's test for albumin in urin has been improved upon by Tsuchiya, as per the following reagent, which is used just as is the Esbach reagent:

℞ Phosfotungstic acid..... 1.5 grams
96% alcohol.....95.0 c. c.
Concentrated hydrochloric acid... 5.0 c. c.

The urin should be diluted to a specific gravity not exceeding 1.008. The method is said to be much more accurate than the original Esbach when one has to deal with small quantities of albumin.

Oily Seborrhea and Blackheads.

Oily seborrhea and blackheads may be cured by the following formulas:

℞ Potassium sulfate
Zinc sulfate, āā..... 4 drams
Rose water.....15 ounces
Alcohol..... 4 ounces

Mix, and rub the affected parts at night. On the following morning, wash well with hot water and considerable friction with a coarse cloth, dry, and apply:

℞ Borax..... 6 drams
Glycerin..... 2 ounces
Rose water.....12 ounces

Experiments by Fingerling, McCollum and Halpin have shown that animals can form organic phosforus compounds (lecithin, nucleoproteids, etc.) out of inorganic phosfates quite as readily as from organic phosforus compounds. Hence, it is probable that the glycerophosfates are of no more value in phosforus metabolism than the inorganic phosforus compounds.—*Jour. Am. Med. Assoc.*

Arsenic, continued for a considerable time, is of value in the cases of those who contract cold on the slightest exposure.

Tincture of aconite, rubbed into the affected part, will relieve neuralgic pain, and is a grateful application to chilblains.

Fluid extract of corn silk has a favorable action in acute cystitis or other vesical irritation. It may be given in one-half to two-dram doses.

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultation. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Treatment of Neuralgia.

EDITOR MEDICAL WORLD:—My wife will be 45 years old in April, 1914. She suffers very badly with neuralgic headache. Will you please give me the best remedy you can. I have given her salicylate of soda, Brown Séquard neuralgia tablets, half strength. She will take very little medicin, but still wants something done for her head.

Bath Springs, Tenn. E. G. HOWELL.

[Doctor, your information is too meager for us to form an intelligent idea of the trouble. Has she completed the menopause, or is she at the present time in that stage of life? If in the menopause, are headaches synchronous with periods of markt nervous disturbance? How have you made an absolute diagnosis of neuralgic headache? What part of the head is affected? How often do the attacks make their appearance, and has it any relation to the time when the molimen would normally appear? You can readily see that you have given us scant information of the kind upon which we could base rational suggestions. We are anxious to help every subscriber who requests it, but we must have detailed information before we can venture to make suggestions.

If the headache is neuralgic, and if it is supraorbital in nature, we can promise relief if you will apply a fly blister over the point of exit of the nerve, and repeat the application if one fails to cure. This will fill her requirements of declining to "take" anything. If the headache is neuralgic, and located elsewhere, we very much fear she will have to take something before she will get any relief. There is always a cause for neuralgia, as this is but a symptom, and if you had given us the data, we might be able to suggest the probable origin. Eyes, digestion, kidneys, and other deficiencies may be causativ factors thru functional disorder.

Castor oil, an ounce daily, over long periods, has cured many cases of neuralgia. At first it purges, of course, but tolerance is soon establisht and the severe purging ceases. Perhaps her objection to taking medicin will exclude the use of this agent. If she will consent to medication, and you will give us details, we will gladly offer any suggestions in our power, along other lines.

It may be due to eyestrain; in which event glasses will be required.

In several such cases we have found tender points beside the spinal column where the nerves make their exit, some directly in back of the head, behind the medulla, at the 2d, 3d and 4th cervical vertebras, and even at the other cervical vertebras. Another likely place to find tender spots is between the shoulder blades, tho these may have no connection with headache. And the supraorbital nerves also may be very tender, especially at their points of exit over the eyes. These tender spots are located by deep pressure with the thumb, beginning at the top of the spinal column, and continuing all the way down.

We have successfully treated several such cases by vibration, using a soft rubber tipt vibratode, altho a hard rubber tip will be well borne on muscular backs. This treatment should be administered two or three times a week until the cure is effected. We know that this has cured our patients because we gave them no medicin whatever during the time of the treatment.

Morphin or hyoscin will control the pain, tho it must be used cautiously. The old favorits, consisting of acetanilid, 3 grains; caffein, ¼ grain; gelsemium, etc., 1 tablet every hour till 3 to 5 are taken if necessary, or acetphenetidin (phenacetin) and salol, 2½ grains of each, with similar directions, are still used considerably.

Use the vibration in preference to the drug.—ED.]

Rheumatism, Neuralgia, Arteriosclerosis and High Blood Pressure.

EDITOR MEDICAL WORLD:—I am going to appeal to you for some advice in my own case, and hope you will give me the very best you can. Am now 51 years of age. Have been suffering with chronic rheumatism and severe spells of neuralgia at times for past thirty years. The neuralgia has been dreadful and unfitted me for business for a week at a time.

I have taken salicylate of soda, colchicum and a great deal of acetanilid and aspirin.

About twelve months ago I discovered, on taking too much exercise or becoming excited, I would have severe pains across my chest and shoulders, extending down my arms, my pulse very much accelerated, breathing labored; these attacks would come if I walkt a little fast. I am compelled to walk slowly. After resting awhile these attacks pass off. Sometimes while these attacks are on me I have slight hemorrhages from my lungs.

My heart seems to be somewhat enlarged. My kidneys seem to be all right, except, perhaps, a slight trace of albumen. Digestion is all right and I sleep well.

I am suffering with high blood pressure. It has been as high as 240°. At this writing it is somewhere about 180. I have been taking iodid of potassium and nitroglycerin to relieve blood pressure; also a little spartein sulfate for my heart.

Something I have taken has benefited me some, but am still in bad shape. Think I have a little arteriosclerosis, but my arteries do not seem very hard. E. CHRISTIE, M.D.

Lloyd, Fla.

[You are not in condition, Doctor, to handle your own case. Go to some brother physician in whom you have confidence and place your case in his hands. Send for the literature on phylacogen, and consider it carefully in relation to your own case. You appreciate that the heart and kidney combination is a bad one, and that you should be lookt after carefully. We think a course of baths, such as those of Mount Clemens, would do you much

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permanent good. We would strongly urge you to discontinue the use of acetanilid; it is too dangerous for one in your condition. Cut down your meat consumption, partake freely of fruits, and ingest large quantities of water. We like to advise large quantities of buttermilk for such as you. Von Noorden's series of monografs, publisht by E. B. Treat & Co., of New York, will give you valuable suggestions; send and get literature from the publishers.

We do not feel like suggesting anything further here, but are confident that you should be under good home medical advice for a considerable period. We hope to learn of your improvement, and would suggest that you arrange to take things as moderately as possible while under treatment. Your pains that are relieved by rest will perhaps be cured by massage or vibration.—ED.]

Treatment of Indigestion.

EDITOR MEDICAL WORLD:—I wish to submit my case to you and the fraternity for advice and treatment. I have a chronic bowel trouble, which I think is catarrh and intestinal indigestion, which has bothered me a number of years. If I lose sleep, worry and get bilious, then eat something hard to digest, I am liable to, and often have a spell of congestion of the bowels, which usually lasts from three to five days. The trouble seems to be in the upper bowel, about the transverse colon.

About the 20th of last month I had an unusual attack; but I think it originated from my old trouble in my bowels. Gas accumulated in my stomach and bowels, and caused such pressure on my left lung and heart that when I would go to sleep lying down I would quit breathing and heart seemed to quit beating. I would have to get up and practise forced breathing, and exert myself before my circulation would become normal. For about two weeks I had to recline or prop up in a chair. My left lung seemed to close up at times so I could get but very little air in it. I would then have to get relief by forced vomiting and enema.

I gradually grew worse, and for several days it lookt like I would not live, but the good Lord was pleased to spare me.

My bowels had been well cleaned out with oil and enemas. I was taking very little nourishment, a little soup and milk by mouth. They gave me some egg and milk enemas, but my bowels were not in condition to digest it. So I think the nutritiv enemas did harm by causing more gas in my bowels.

Several of fellow-practicians were in to see me, but as I was sitting up they did not seem to think that I was seriously ill. However, Dr. J. F. Green put me on a digestiv treatment, which did me good and I gradually got better. I still have to be very careful about what I eat to keep down the formation of gas.

I thought that I would report my case to you, because it is an unusual one, and that you might help me get rid of my chronic bowel trouble, and ward off such spells in the future. So any help or advice you may give will be appreciated.

Little Rock, Ark. J. W. MILLER, M.D.

[First, Doctor, insure that mastication is as nearly perfect as possible. If teeth are artificial, keep them perfectly clean by thoro scrubbing after each meal, and keep them over night in mild antiseptic solution, such as boric acid. If teeth are natural but deficient, have them repaired at once. Chew all food thoroly; and this is generally difficult for a doctor to do, for they have learnt to "bolt" their food hurriedly. Let all liquids alone till thru eating, then take a cup or glass of the desired beverage. Use plenty of salt with your food. Certain cases like yours may be traced to use of tea or coffee, and a few days' abstinence will demonstrate if this may be a part of your trouble. During the period when no coffee or tea is taken, one may drink hot milk, buttermilk, etc., or even hot water.

Next, use some digestant containing pepsin and dilute hydrochloric acid or other digestiv ferment or enzyme, until your stomach digestion is normal.

Insure absolute bowel regularity by rigid attention to regularity of time for going to stool, aided, if necessary, by aperients, but never by a cathartic unless absolutely necessary.

One may partially inhibit overproduction of gas in stomach and bowel by ingestion of such drugs as salol, betanaphthol, infusion of cloves, oil of cinnamon or cajuput, or oil of turpentine.

We are certain that if you will rigidly adhere to the suggestions we make above that your attacks will lessen in frequency and in severity, and will probably pass away entirely in time. Because we have told you nothing new, do not "turn up your nose" in disdain, but give our *régime* a persistent trial before condemning it.—ED.]

Formulas for Chapt Hands.

EDITOR MEDICAL WORLD:—Can you give me the formula for making huskum, a preparation made by the Central Mfg. Co., of Iowa City, Iowa? The label says it is a lotion containing arnica, witchhazel, 7% alcohol and other ingredients, effectiv in relieving soreness and softening the skin. Prevents and cures crackt and chapt hands. I would be very grateful to you if you can put me "next" to the above, or if not able to do so, could you give some good formula for the same purpose? J. T. PAXTON, M.D.

Rushville, Ind.

[We are not familiar with the formula requested. If any member of the family can give us this formula, we will publish it for the doctor's benefit. Doubtless you can prepare one equally as good or better. Combination of such ingredients would be easy; it is likely that the "7% alcohol" represents the amount of alcohol contained in the diluted tincture of arnica. We would suggest incorporating true bay rum and oil of cajuput, with the arnica and witchhazel. Equal parts of the three first mentioned, with a few drops of the oil of cajuput to the ounce, would prove efficient.

We also suggest the following formula:

℞ Glycerin.....4 drams
Bay rum, imported.....2 ounces
Witchhazel.....2 ounces
Tincture of arnica.....2 ounces
Ammonia water.....1 ounce

Or, if glycerin fails to agree with the skin of the person wishing to use the preparation, try the following:

Bay rum, imported..... 3 ounces
Carbolic acid.....30 drops
Saturated solution boric acid.... 1 ounce

Wash the hands well in hot water, dry gently, and apply the above while the skin is still soft, rubbing in well.—ED.]

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Transmission of Tuberculosis and Malaria.

EDITOR MEDICAL WORLD:—I saw in some of my medical journals during this year the statement by some German savant that bovine tuberculosis had been proved not transmissible to the human being. Am I correct or have you seen the statement, or is it yet held that the two (bovine to man and *vice versa*) are transmissible?

Another scientist makes the statement that the anopheles is not the true malaria carrier, but another species is the archfiend. Still another makes the statement that some forms or cases of malaria are contagious. Unfortunately many times when we read a statement like that and mean to file it for future reference a sudden call comes and it may be days before we have an opportunity to get back to it, to find the journal gone, or forget which one we saw it in and it may have been in a remote part of the journal or inconspicuous place and we overlook it even after we search time and again.

I have never subscribed entirely to the mosquito theory, that is, as being the sole carrier or mode of transmission; that I believe it is at times contagious. The last word is far from being said about malaria and it is unfortunate that many a man like myself who lives where it is our most prevalent disease is unable to equip himself with a microscope and accessories and nowadays the *authorities* question any diagnosis when a microscope does not confirm, or is used to confirm it. In other words, if a man, no matter how good a doctor, how long his practise, how many cases he has treated, they will dispute his diagnosis unless he can show up the "bugs" on a slide.

This is all very well to a certain extent, in that we should always be sure we are right, but for these men to question the diagnosis of every man of skill and experience who hasn't a microscope simply because their slides and cases do not correspond to his is mere folly as there are no two cases exactly alike. E. H. WINKLER, M.D.

De Witt, Ark.

[We do not recall having noted the statement by the particular author to which you refer, because we pay scant attention to such things unless the opinion is exprest by some one known to have had advantages of extensiv observation. One can find such a statement a score of times in every single month's issue of medical magazines, and likewise a score of statements claiming exactly the opposit. It is much better, in formulating one's individual opinion, to follow the lead of seasoned textbooks, whose utterance is more likely to be maturely "digested." We quote from "Tuberculosis," by Klebs, publisht by D. Appleton & Co., New York, as follows:

The relation of bovine tuberculosis to human health has been the subject of much discussion. It has been proved that the bovine tubercle bacillus is quite frequently found in the lesions of children, and the bovine disease must be lookt on as an important factor in the causation of tuberculosis in man. * * * Most valuable contributory evidence of the importance of infection thru the digestiv tract is given in the Second Interim Report of the Royal (British) Commission on Tuberculosis (Part I, 1907). This commission, appointed to study the relation of bovine tuberculosis to the human disease, isolated and examined 60 cultures of tubercle bacillus from human beings. Fourteen cultures proved to be the bovine bacillus—1 obtained from sputum, 3 from cervical glands removed at operation, and 10 from the lesions of primary intestinal tuberculosis in children. The opportunities for the inhalation of bovine tuberculosis bacilli by human beings are slight at best, except, perhaps, for persons who habitually care for cattle, and compared to those for ingestion they are insignificant. There is almost no possibility, in the case of children, for the inhalation of bovine bacilli, even if we admit that the aspiration of particles of food may occur. We are therefore forced to conclude that in those cases from which the bovine bacillus has been isolated the infection has taken place thru the digestiv tract.

The anopheles is quite generally regarded as the guilty party, and the persons subscribing to this view do not have any confidence in the "contagiousness" of malaria. As you say, we, too, believe "the last word" is far from having been said. Remember the time is comparativly short since the discovery that the anopheles was sometimes (?) responsible, and that we are continually progressing in knowledge. And, by the way, Doctor, we are old-fashioned enuf to think, like you, that the man "on the firing line" sees powder flashes not observed by the self-appointed "leaders." *But*, unless that humble soldier takes up his pen and lets the world know of his observations, who is to be benefited? That is where THE WORLD comes in. We have given you the forum and the opportunity, and it is up to you to take advantage of it. Let us have your opinion; you are as well entitled to it as any man. One of the best books on malaria we have ever seen was written by a country doctor accustomed to handling that disease in wholesale lots.—ED.]

"Acute" and "Chronic" Inflammation.—Functional Disease of Heart Valves.

EDITOR MEDICAL WORLD:—Please give me the following information:

1. Can there be *chronic* inflammation without first being *acute?* If so, name diseases in which it occurs.

2. Can there be functional disease of any one valve of the heart without involving the whole heart? SUBSCRIBER.

Greenwood, Miss.

[If we were to answer your first question with a "yes" or a "no," it would doubtless lead to a false impression. There are "chronic inflammations" which have never manifested any acute symptoms, but one could hardly say that acute inflammation had not preceded the chronic condition. We must always remember that inflammation *is not a disease, per se,* but that it is a group of phenomena resulting from the presence of some noxious influence acting upon the tissues involved. Since the advent of bacteriology, the tendency is to forget or ignore the word "inflammation," and to ascribe this phenomenon to the action of bacterial agents; but no practician of experience but knows that we have inflammations without the presence of bacteria. Among the causes of inflammation we may mention traumatism, bacterial invasion, neurotic influences (doubted by many), etc. Of the varieties, we have bony, serous, fibrinous, sero-fibrinous, suppurativ, hemorrhagic, interstitial, parenchymatous, etc. It is impossible to say where vascular changes end and reparativ changes begin; therefore it is impossible, in any given case of inflammation, to say when a chronic condition is instituted. Burdon Sanderson's definition for inflammation is now generally accepted by pathologists: "Inflammation is the succession of changes occurring in a part as the result of injury, provided that that injury be not so excessiv as to destroy the vitality of the part." Destructiv processes are always present in inflammation, and may be in the ascendant; but reparativ processes are never completely absent.

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The term "chronic inflammation" is used to denote two different conditions. In one sense, it is applied to an inflammation which has lasted a long time, but in which the acute reactions, tho present, are not especially markt. In the other, to conditions in which the main change is an overgrowth of fibrous connectiv tissue resulting from the action of a slow irritant or as a sequel of degenerativ changes. This is the intention of the term when one hears the expression used "An inflammation chronic from the beginning." One often speaks of chronic pleurisy or chronic peritonitis when he merely means to designate the effects of an acute process in which all the inflammatory, degenerativ, and reparativ processes have subsided. In true "chronic inflammation" we have production of new tissue for purposes of regeneration or replacement of old tissue; this condition, of course, is actually one of hyperplasia rather than one of inflammation. Chronic interstitial overgrowth is noted in the lungs in cases of anthracosis, silicosis, syphilis, glanders, etc., without any acute inflammatory change, and a similar overgrowth occurs in the liver and kidney in cirrhosis and in chronic interstitial nephritis.

We have done our best to make this plain to you. The best dissertation on inflammation of which we have knowledge in a modern textbook is found in "A System of Surgery," edited by C. C. Choyce, publisht by Funk & Wagnalls Co. Twenty-five pages of this book are devoted to "Inflammation." See MEDICAL WORLD, Sept., 1913, page 392.

Theoretically, any valve of the heart may be the site of functional or organic lesion without accompanying lesion of other valves, but interference with the function of any one valve necessarily interferes with the proper functionating of the whole organ, and this, in time, must result deleteriously on other valves.—ED.]

Typhoid.—Abscess.—Adhesions and Sequels.

EDITOR MEDICAL WORLD:—Your opinion as to diagnosis and treatment of the following case, and also that of any of the brethren who may favor me with their views, is solicited. With the exception of the last six months the case was treated by other physicians and I give as correct and connected a report as possible.

Mrs. A. B. C., age, 37; weight, 155; height, 5 feet 3 inches; complexion, light. Married; never had children. Family history good.

About twelve years ago had typhoid fever, lasting about four weeks, from which she made a good recovery. Three or four months after this she had "pneumonia" in lower part of right side. A severe chill, with sharp pain in both sides, worse on right, ushered in this attack. A little cough, but no expectoration. Had burning in the stomach and vomiting of food and medicin. Three or four weeks after the beginning of this trouble had an abscess on the right of the anus, which discharged pus, healed up and gave no further trouble for two or three years, when there was a recurrence, with a discharge of two or three ounces of pus. This was thought not to be connected with the intestin. No recurrence since, which was nine or ten years ago. But at irregular intervals—four to six or eight weeks—had vomiting spells, with soreness of right side from lower ribs upward, later on beginning between the shoulders in the back and extending thru the shoulders and to the right arm. At one time this soreness was so great that she could not lie on right side. At times during these attacks the hands would become numb. The pneumonia lasted about two months.

About four years ago, when the soreness was so bad, a diagnosis of gallstones was made and appropriate medical treatment instituted. There never was jaundice after any of these spells. No search of the stools has ever been made. The diet has been carefully regulated. Until recently there had been no spells for about a year. They sometimes come on very suddenly, going thru to the stomach. Two years ago they came on gradually and were relieved by heat and rest. In the latter case the pain was brought on by use of the arms in sweeping, etc. About three years ago she began to have sharp pains in the region of the bladder, with painful urination. At this time albumin was found in the urin, a slight albuminuria continuing up to the present time. An exclusiv milk diet for six months after the discovery of the albuminuria resulted in a loss of forty pounds in weight, but no improvement in condition of patient. Carlsbad water, sodium glycocholate comp. and a restricted diet have been the chief remedies. E. J. GUYOTT, M.D.

219 Rutger St., Utica, N. Y.

[It is quite likely that the "pneumonia" the patient is thought to have had was in reality a pus infection due to the typhoid bacillus and occurring in the neighborhood of the gall bladder and liver. This, of course, is also in close proximity to the stomach and may account for the vomiting. The pus apparently found its way out thru the right ischio-rectal fossa. The abscess may have produced adhesions in the vicinity of the gall bladder and duodenum, which may account for the later symptoms. If this be the case, surgical operation is necessary to sever the adhesions. The albuminuria may have no connection with the older condition.—ED.]

Dyspareunia.

EDITOR MEDICAL WORLD:—Will you give me a little help on the following two cases of what appears to be *hyperesthesia* of the sphincter vaginæ? Complaint is made of great pain at inception of coitus, actually prohibitiv. But no pain whatever during the height of sexual excitement. They are anxious for relief. If any of the family have had such cases and have treated them successfully, I wish they would put me on the job, for I have failed to eradicate the trouble as yet. There is no inflammation. I have used solution of cocain, but the trouble "comes back."

MAINE.

[Doctor, are you not a little careless in your use of descriptiv words? If the pain is "actually prohibitiv" of intercourse, how can there be "no pain whatever during the height of sexual excitement"?

To our mind it is the husband you need to "treat" by a little judicious advice. Tell him not to be so precipitate. Impress upon him that in most females passion is more slowly roused than in men, and that it is advisable, for his own pleasure as much as for the pleasure of his wife, to be slower in seeking intromission. Let him occupy more time in fondling and caresses, until the vaginal secretions of his wife are sufficient to facilitate coitus. A comparativly dry vagina will cause painful coitus, while the same vagina, carefully coaxt to full secretion, will respond to

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coitus without pain. If our view is correct, by the time the "height of sexual excitement" is reacht the secretions are sufficient, and that is why there is no pain. Early efforts at coitus, because insufficient time has been given for the outpouring of the secretions, are painful. Try the above suggestions on the husbands, and then seek information from the wives as to results.—ED.]

Pain may be due to smallness of the vaginal orifice, without tenderness of the tissue. Gradual dilatation is the treatment. Vaginismus is a nervous disease markt by (1) extreme sensitivness of the mucous membrane of the vulva, and (2) spasmodic contraction of the levator ani muscle. Vaginismus may be associated with painful menstruation, and often the rectum is oversensitiv. Dilatation offers the most hope of relief. Enlargement of the orifice by cutting is also recommended.—From "Diseases of Women," by Herman and Maxwell (publisht by Funk & Wagnalls Co.; reviewed in June, 1913, WORLD, page 259).

Purulent Otitis Media.

EDITOR MEDICAL WORLD:—Would appreciate help on the following case: Miss G., age 18. An attack of measles ten years ago. No history of other diseases. Patient apparently in good health. Nose and throat normal as far as I can ascertain. Has had purulent discharge from left ear for more than a year, possibly longer. Occasionally streakt with blood. So free at times that the pillow would become badly soiled during sleep.

Partial deafness is present. Odor characteristic of bony necrosis. Sensation almost completely lost. Small, soft, pendulous mass hanging from superior, anterior portion of canal close to the margin of attachment of tympanic membrane, from which the discharge seems to flow. No pain or tenderness elicited on probing. If there is a perforation of membrane it is excluded by "tumor," for the remaining portion is intact. Is this "tumor" a pendulous wall or a polypus? All the patient cares for is relief from the discharge, but I have failed to make any impression along that line.

The treatment has been cleanliness by cotton on a probe and insufflation of 5% carbolized boric acid. No internal treatment has been attempted.

WEST VIRGINIA.

[The tumor will almost certainly prove to be a polypus, and it is quite as certain that you will find perforation of the eardrum when polypus is removed and a clear view of the tympanum is obtained. Such a case should have the polypus removed at once, and if you are unable to secure healing of the perforation in the tympanum by douching with mild antiseptic washes, followed by insufflations of impalpably powdered boric acid, you had best refer her to a specialist for treatment. Dalliance with such cases is always to be condemned.—ED.]

Venesection in Epilepsy.

EDITOR MEDICAL WORLD:—I wish to ask if any good results have been obtained from bleeding in the treatment of epileptic fits. How often and how much should be taken?

Ithaca, Ohio. L. R. EMERICK, M.D.

[We quote from page 210 of "Epilepsy and Its Treatment," Spratling, publisht by W. B. Saunders Co., Philadelphia, Pa., as follows:

Delasiauve has recommended general and local bloodletting, drastic cathartics, ice to the head, and quinin by rectum. Bourneville and some other French writers claim to still hold this plan beneficial. Acting upon the theory that venesection lessens toxicity of the abnormal accumulation of waste products in the blood, the plan of bloodletting is a good one. Venesection in status finds its greatest value when employed in plethoric epileptics. Status only too frequently occurs in the feeble instead of the robust; usually not more than a third of status cases are in normal bodily vigor at their status periods. A better practise is to venesect and inject saline solution. This method, as it doubly reduces the toxicity of the blood, deserves first place after the emergency treatment of status has been tried and found inefficient. As for venesecting for the supposed increast intracranial and arterial pressure, the condition has no basis in fact; on the contrary, Féré has shown that intracranial and arterial pressure is markedly diminisht in status, and Nornatsky and Arndt have recently conclusivly demonstrated by the elaborate experiments upon isolated convulsions, serial and status periods, that the increase of intracranial pressure is only a result and not a cause of epilepsy.

—ED.]

MEDICAL FRAUDS

Ka-Tar-No.

EDITOR MEDICAL WORLD:—I inclose circulars from the Ka-Tar-No Company. "Wouldn't it jar you?" L. M. LOWE.

Glyndon, Minn.

[Ka-Tar-No is the new name for Peruna.—ED.]

Jaquequina—Headache Remedy With Spanish Label is Adjudged Misbranded.

A fine of $50 was imposed on the shippers of a so-called headache remedy labeled "Jaquequina," according to a "Notice of Judgment" just issued by the Department of Agriculture. The shipment was made by the Sidney Ross Company, a corporation of New York City, from the State of New York into the State of California. The product was labeled in the Spanish language and the label translated into English was as follows:

Preparation for the relief and cure of headache, neuralgia, rheumatism, painful menstruation, sciatica, etc. Is not a laxativ. Contains no morphin or opium. The Sydney Ross Co., New York. See that upon each package appears this signature, C. B. Riker.

Directions.—Dose: Two or three pills; if these give no relief within an hour's time, take two more and repeat the dose every 6 or 8 hours if necessary. Between the ages of 5 and 10 years give half doses. If preferred, these pills may be pulverized and be taken in water, syrup or wine.

Misbranding of the product was alleged because the label failed to state the quantity or proportion of acetanilid contained therein. Analysis showed it to contain about 230 grains per ounce.

Dr. Robert A. Gamble, of Petersburg, Va., has been "elected" to "honorary membership" in the "Acadèmie Physico-Chimique Italienne à Palerme," and to accept is askt to remit $5 to pay for a "First-Class Medal." We have mentioned this fake society before.

One of our subscribers has received a circular from a physician advertising a "uterin evacuant." Emptying the uterus is a dangerous procedure. When necessary, the uterus should be evacuated surgically.

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Berledets, Another Fraudulent and Dangerous Obesity Cure

So long as well-to-do women continue to eat much and exercise little, so long will they be likely to become obese, says the *Jour. Amer. Med. Assoc.* So long, also, as the present style in women's fashions calls for the svelt figure, so long will the exploiters of fraudulent "obesity cures" become rich. Every "fat cure" of this type emphasizes in its advertisements two things: first, that those who use it need not diet; second, that they need not exercise. Berledet tablets are one of the latest fake cures for obesity, and they run true to form in that they are sold under the claim that neither dieting nor exercise is necessary to reduce weight when berledets are used.

Like every fraudulent obesity cure, the claims made for the stuff before you purchase it differ from those made in the instructions that come with the dollar package. While the advertisement specifically states that berledets will make you thin "without dieting," the instructions with the preparation urge:

"Moderation in the use of fat-forming food. Eat sparingly of rich gravies, pastries, butter and fresh breads. Also of fried foods."

While, too, the newspaper advertisements intimate that no exercise is necessary to reduce obesity if berledets are used—"nothing else is required"—yet, after the dollar has been paid, the purchaser finds that it is necessary to "exercise freely in the open air."

The tablets consisted essentially of boric acid, corn starch, milk sugar, water, flavoring substances and a trace of an ammonium compound. Quantitativ determinations indicated the following composition:

Boric acid.....	59.4 per cent.
Corn starch (hydrous).....	20.1 per cent.
Milk sugar (hydrous).....	12.6 per cent.
Water, flavoring extracts, etc. (by difference)	7.9 per cent.
	100.0 per cent.

Rounding Up Fake Cures.

From now on the public will be less imposed upon by fake cures. The new amendment to the Pure Food and Drugs Act makes it possible to seize and condemn goods labeled "cures" but known to the medical profession to be anything but cures.

In this city the first seizure under the new law has prevented the distribution of a soothing syrup containing alcohol and codein, which bore a label stating that it was safe and effectual medicin for teething children. The bane of soothing syrup is notorious thruout the land; but conditions should soon be changed for the better.

In Denver the Government has won by default a case against a firm that sells what purports to be a cure for consumption. No such sale can honestly be made, and now the Government inspectors are duty bound to see that it is not made.

The medical faker has seen his best days, so far as the United States is concerned. So much the better for public safety and sanity.—*Boston Journal.*

AUTOMOBILE TALK.

After getting an automobile, the question arises where to keep it. An auto is run by the power developt by the explosion of gasoline. It is an internal-combustion engine. Necessarily, then, an explosive kind of fuel is potent for harm and must be stored with great care. It should not be kept with other easily inflammable material, such as hay and straw, and an open flame should not be in its proximity. The proper kind of a place is a bare building made of brick or stone, with an iron roof, with as little woodwork in it as possible. A cement floor is smooth enuf, but the oil dropt on it acts badly on the rubber tires. Finely powdered stone or cinders are good floor materials.

Public garages, usually conducted by machinists, take care of cars for the sum of $10 or more per month, depending on the size of the car. This includes washing the car each night, somewhat polishing the brass, cleaning the wind shield and putting coal oil in the oil lamps. In some garages these things are only half done.

In some garages, for $15 per month, the car is kept in first-class shape, the machinery filled with oil (tho the amount of oil is charged additional), and delivered to order at whatever time it is wanted. When the car is not wanted, however, employés or others at the garage may take the car out for a "joy ride," which may end with the destruction of the car.

If the car is kept in your private garage, you must clean it yourself or hire some one to clean it for you. In washing an automobile much care must be used not to scratch the polisht surface. Let the water run down over it from a hose and carry the dirt off. Clean or wipe dry with a very soft cloth or chamois skin.

One objection very often raised to keeping automobiles in machinists' garages is that the owner very frequently finds that his machine has been tampered with during his absence. The car was all right when he left it there, but something was wrong when he came back for it, usually the next day.

Therefore we believe the best place for your automobile is in your private garage. Many physicians have a man employed about the place who can care for the car and keep it in order for the doctor. This is a good plan if the aforesaid man is not of an inquisitive nature and tinkers and experiments with the apparatus. A man ignorant of the workings of an automobile may do it a great deal of harm.

* * *

The lubrication of an automobile is a matter of importance. A physician some time ago wrote us about some oil he had bought, some kind of a "viscus" stuff. He had sent the money for a barrel of it and found it unsatisfactory. He returned it to the party from whom he purchased it, who then had both the money and the oil. We would advise automobile owners to write to the manufacturers of the cars they own in regard to the proper lubricating oil for that particular car instead of experimenting with the various kinds of stuff offered them by irresponsible dealers. The latter are in business to sell goods, and are satisfied to let it go at that. There are, of course, honest dealers who will make good in regard to lubricating oils. Good lubricating oil is of an amber color and thin in consistency. By reflected light it is of a bluish color. However, the color is not the main part of the oil. The true test is whether it lubricates properly or not. You may get an oil that is too thick and gums readily about the machinery. This can be dissolved out by coal oil (kerosene), but you should get the right quality of oil to avoid gumming. Having the right oil saves lots of trouble to you.

Sometimes the oil gums up the rings in the cylinders. To remove it, take out a spark plug, pour in a half cup of kerosene and start the engine. This will smoke considerably, but the kerosene will dissolve out the thick oil. If it should not succeed, repeat the process. We have known it to clean a cylinder that was pumping lubricating oil up in such quantities as to thoroly coat with oil the cylinder and spark plug, so as to prevent explosions in that cylinder. After the use of the kerosene the cylinder ceast pumping up the oil. Clean each cylinder in rotation in this manner.

J. C. R.

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A motor will start more readily in cold weather if without turning on the spark it is crankt two or three times with the throttle wide open, then close the throttle partially, throw in the switch and usually the motor will start on the spark.

Lubricating Side Brakes.

Side-brake adjustment is something which it is well to look into carefully before making any brake adjustments, and that is the lubrication of all the joints of the brake from the trigger of the handle to the pins of the brake itself. The cause of brakes rubbing, and brakes which will, apparently, not come off or which go on very unequally, is not always due to adjustment defects, but simply to sheer neglect of lubrication. This condition of affairs is not altogether the fault of the owner, since in many cases the brake pins and joints, especially those of the side brakes, are inaccessible; in any case, the back floor-boards must be taken up, and very often even then nothing can be done unless the car is put over a pit. As most brakes have some compensating device to arrange for approximately equal distribution of the pull it seems a little inconsistent on the part of designers that this compensating arrangement should be so often placed where its all essential lubrication is a matter of the very greatest difficulty.—*American Medical Compend.*

CURRENT MEDICAL THOUGHT

Spinal Reflexes in Cure of Diseases of Women.

Dr. Charles L. Ireland, in the *Philadelphia Journal of Physiologic Therapeutics*, states that the term "pelvic diseases of women" covers a vast field. He draws the following mental picture of a patient as she comes into an office: she is sad, gloomy, very blue; has heavy bearing-down pains in pelvis, as if contents would issue thru the vulva; feels she must cross her limbs to prevent protrusion of the parts; has headache, usually on top of the head, backache in various places, extending from level of the lower angle of shoulder blade to sacrum, irregular menstruation, sometimes very profuse, dark flow, very offensiv; at other times scanty and painful, followed by profuse leucorrhea, which excoriates. Others menstruate every two weeks and some every five to seven weeks. Abdomen very tender; must sit down carefully, as she feels she sits on something hard, and when getting up complains of dizziness or feels faint; palpitation or irregular heart beats; legs ache, feet sometimes feel so heavy she can scarcely lift one foot after the other. No appetite, constipation, and, as a rule, frequent urination. The heaviness in some is relieved by lying on the back; in others, by unconsciously holding themselves up with the hand or wearing an abdominal support, and again by sitting down and crossing limbs. These methods they practise for temporary relief.

Now, what is the matter with your patient? She may have one or more of various conditions giving rise to some of the above symptoms. You take her to the dressing room, have her remove clothing to the hips and slip on a loose robe so you may make a complete examination. This being done, first seat her on a stool and examin the spinal nerves, where they emerge thru the intervertebral foramen. Make firm, deep pressure at exit of the nerve. For example: If she has trouble with the *uterus*, you will always find the nerve supplying this organ very tender at the point of exit from the foramen, which would be at the fourth lumbar vertebra. If pressure at this point elicits pain, you can be positiv something is wrong with her uterus. If it should be the third lumbar vertebra, it will be the *ovaries;* second lumbar vertebra on right side, it is the *appendix;* tenth, eleventh or twelfth dorsal vertebra, the *kidneys*, and so on up the spinal column. Having gone over the spinal nerves thoroly and located the tenderness, if there is any, look for other conditions. Maybe it is not the fault of the uterus at all. In former years he has found the uterus ante- or retro-posed, and has wasted time and patience trying to correct this condition by numerous methods of treatment, using pessaries to correct position of uterus, and tampons of lamb's wool to cushion and hold it in place, various medications and suppositories, electricity, massage, and what not—when at last he found out it was not the fault of the poor imposed-upon uterus at all.

He has found many of the cases due to splanchnic neurasthenia, or a dilatation of the splanchnic veins, holding or retaining too much blood in the abdomen, causing a heavy weight, bearing down or pushing the pelvic organs out of position, and he could have treated the patient by former methods forever and got very little results. Here the splanchnic nerves have lost their tone and let the blood accumulate in the abdominal cavity, making an unusual and constant pressure, which in time pushes the organs out of position. Since taking up spondylotherapy under Dr. Abrams, he finds that he can go to the root of the splanchnic nerves and apply *either concussion or sinusoidal electricity* and get results. While the sinusoidal current is the best stimulant for this purpose, concussion by a rubber hammer or a vibrator will also do good work. Placing an electrode on either side of the *seventh* or *eighth dorsal vertebra* and passing a mild sinusoidal current thru the patient, asking her where she feels it, she will say, "It is drawing something up in my abdomen." You are stimulating or toning up the greater splanchnic nerve, and as sensations are reflext to the peripheral end, it accounts for the sensation felt in the abdomen. You are contracting the abdominal veins, forcing more blood back into the circulation and to the heart, and, if you watch, you will find a more steady and full pulse. Repeating this treatment three times a week for about fifteen or twenty minutes at a time, you will be surprised at the results. It will lighten the weight of the abdominal contents, and the uterus, if there be no adhesions, will float back into position and the patient will be very grateful.

Then from the abdominal symptoms we may have a case of *subinvolution*, a condition in which we find the uterus much enlarged, congested, tender and sometimes hardened, due to failure to return to the normal after labor or abortion. No method like the spinal treatment has given him such uniform results. Dilatation, curettement, astringent douches, and medication often fail; but by placing one of the electrodes on either side of the *first, second and third lumbar vertebra*, and the other over the sacrum and using the rapid sinusoidal current, you will bring about contraction of the uterus as well as a stimulating effect on the walls of the organ. Many a time after giving a treatment of this kind the patient goes home and notices an unusual leucorrhea. She thinks something has broken and is running from h r. It is due to the contraction of the uterine walls, or rather a squeezing out of uterine discharge.

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Another cause for uterine displacement he has found to be due to an impacted and prolapst *transverse colon*. In some cases it can be palpated, and in others it can be percust, and mapt out with skin pencil. When we have a very large abdomen, with a large amount of fatty tissue, it is impossible, but in these cases the patient suffering the usual symptoms will consult you for (as she thinks) uterine trouble. Here you have always a history of persistent backache at or near the level of the twelfth dorsal spine. The use of the sinusoidal current applied to either side of the lumbar vertebra to increase tone, will yield results and allow the abdominal viscera to resume normal position. Now, if the patient has none of these conditions and presents a number of the symptoms given, we may find one or both ovaries prolapst. Up to one year ago he had always contended that when an ovary had fallen down or prolapst, nothing but surgery should be resorted to, and he could state good reasons for his decision, and all of his cases with prolapst ovaries were invariably operated upon.

Last February a patient presented herself with the usual symptoms. Examination revealed both ovaries prolapst and lying in the posterior cul-de-sac and very tender. He suggested an operation for her relief. She absolutely refused, persuading him to try electricity. He placed one Massey zinc vaginal electrode in posterior cul-de-sac, and another electrode under the first, second and third lumbar vertebræ, she being in dorsal position. Used the rapid sinusoidal current for twenty minutes three times a week. After ten treatments she informed him that she was feeling very much better, and on examination he found the ovaries were not as at first located, but were up in a position so that he could just touch them. Ten more treatments and he could not find them. Patient is enjoying the best of health. He still thinks that if the ovary is cystic or much diseased, it should be operated upon.

The method of Dr. Pope, of Louisville, Ky., of dilating the cervix and sphincter muscles without an anesthetic, producing local anesthesia by the rapid sinusoidal current, is remarkable. He has used it a number of times, especially in cases of cervical endometritis or stenosis of the cervical canal and neuralgic dysmenorrhea. In some of these cases he follows the method of dilatation by galvanism according to Dr. Massey, of Philadelphia.

Differential Diagnosis in Intrathoracic Tumors.

	ANEURISMS.	MEDIASTINAL GROWTHS.	LUNG AND PLEURAL GROWTHS.
Pain.	Radiating, lancinating, paroxysmal, often anginal. Relieved by potassium iodid and rest.	More constant, more severe. Not relieved by potassium iodid and rest.	Not markt.
Venous Engorgement.	One or two trunks may be caught.	More general, with veins on surface of chest (collateral).	Sometimes veins on surface, often none.
Cyanosis.	Rare.	A markt feature.	Only occasional.
Dyspnea.	Often none.	Generally much.	Often markt.
Dulness.	Not absolute; generally to right of sternum or in middle, may be posteriorly.	Absolute; generally in middle and front.	Absolute in any position.
Breath Sounds.	Feeble or normal.	Often absent.	Bronchial to absent; variable.
Heart Sounds.	Well heard; bruit common; nearly always diastolic shock.	No heart sounds as a rule; bruit rare; no diastolic shock.	Feeble or absent; no bruit; no shock.
Tracheal Tugging.	Common.	Very rare.	Absent.
Voice Sounds.	Normal.	Absent, as a rule.	Often absent.
Other Pressure Signs.	Brassy cough and other pressure signs common.	Pressure not so common; cough not brassy.	Pressure signs uncommon; cough not brassy.
Pulsation.	Expansil; forcible.	Feeble or absent; non-expansil.	Very rare.
Pleural Effusion.	Most uncommon.	Fairly frequent.	Common; often recurrent and sanious.
Sputum.	Hemoptysis, streaky or copious.	Not common.	The rule; currant jelly.
Glands or Other Growth.	Absent.	Often present.	Only occasional.
General Appearance.	Often quite healthy.	Much cyanosed and cachectic.	Cachectic.
X-Ray.	A definit shadow, more when a good clot, in location of aorta.	Much fainter shadow, not necessarily over aorta.	Seldom, except with effusion.
Duration.	Over 18 months without cachexia.	Course more rapid.	Course rapid.

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The Artificial Production of Life.

Dr. Seymour C. Chunn, of Laurel, Md., in *Medical Review of Reviews*, asks: Can living matter be produced artificially? and says: This question was thought to have been settled definitly when Pasteur and others disproved the claim of Dr. H. Charlton Bastian that he had demonstrated the development of micro-organisms from dead matter by showing that the matter had not been properly sterilized and that the development of the organisms was, after all, only a natural result. A modern school of spontanists, however, working with admittedly inorganic matter, claim that the results of their investigations prove conclusivly that it can be done. And thus the question again presents itself.

That a certain form of vegetable life may be chemically produced there can be no doubt; but just what relation this artificial vegetation bears to living plant forms the future alone can decide.

Theoretically, the matter is a simple one. Life (as distinguisht from the soul) is essentially a chemical reaction, and the elements that go to make up life are well known and easily producible. Therefore, as the basis of life is a chemical one, it would seem to be an easy matter to substitute a compound composed of these elements and thus create life.

Stephane Ledue, one of the leading advocates of this so-called spontaneous generation, has conducted a series of experiments with startling results. Working with common chemical salts, he has succeeded in creating various forms of vegetable "life" that compare in almost every detail with living forms. One of the strangest of these, perhaps, is a perfect mushroom with double tops of yellow and black, and a white stem, produced with solutions of salts of manganese, chlorates, nitrates, and sulfates. Other forms may also be produced with these same solutions when diluted. Ammonium chlorid added to a solution of ferrocyanid of potassium gives a growth of forms resembling the pendulous inflorescence of the willow and birch trees. Ferrous sulfate in solutions of silicates produce twisting, spiral growths resembling vines and certain herbs. A small "seed" composed of equal parts of sugar and sulfate of copper planted in a solution of ferrocyanid of potassium, gelatin, salt and water at once gives signs of molecular activity, broadening and stretching upward to a height of forty or fifty centimeters. When this same solution is diluted it gives growth to forms resembling coral.

Alkaline chlorids help to develop vines and worm-like growths; nitrates, thorny, pointed stems; and so on almost indefinitly. Of course, the character of the different growths depends entirely on the various chemical combinations. Plants, flowers, weeds, vines, leaves, mushrooms, drafted trees, aquatic plants, and many other forms can be produced with a little experimenting. All of these forms are alive; there is no question about that. They bear all of the characteristics of life; they grow, attain full maturity, decline, and die. As they grow they increase in weight, often obtaining a weight hundreds of times the weight of the "seed" from which they sprang, and as they grow the liquid around them diminishes. They receive nourishment, choose the proper food from among those offered them, and digest it. They are sensitiv to light, cold, heat, and disease. If they are wounded before maturity, their growth is retarded until the wound heals.

The only question is, as I remarked before, the relationship of these artificial growths to the living forms. All nature is connected in some way; all the formations of animate and inanimate matter bear some relationship to each other; every form of life from the protoplasm (the lowest form of recognized life) to the elephant forms a link in life's chain. Life has been classified, but there are many mysteries connected with life that human investigation has failed to solve; and it must be said that the classifications of life, botanic, mineralogic, zoologic, etc., exist almost wholly in the mind. At times it is almost impossible to distinguish the animal from the vegetable. For instance, the sea chrysanthemum has most of the characteristics of a flower, while it has an organization unknown to the vegetable world. And there are many other forms lying between the organic and the inorganic worlds about which scientists know but little.

The organization and evolution of life are going on at all times. It has taken countless ages perhaps for the elements that make up the protoplasm to arrive at the elementary stage of living matter, which is represented by a slimy mass called sluga-mœla. This mass contains the cells of the higher organized life, nerve cells, connectiv-tissue cells, and white corpuscles. The laws that govern life are the same as those that govern inanimate matter; therefore they must be investigated in the same way. And that is what these spontanists are doing. What the result of their investigations will be we can only surmise; but if they once succeed in creating artificially the lower forms of recognized life, then—what?

Substitute for Bismuth Paste.

Dr. Wallace Blanchard, of Chicago, in *Med. Record*, on account of the toxic effects resulting in several cases from the injection of bismuth paste used to cure tuberculous sinuses, recommends as a substitute the following: White wax, 1 part; vaselin, 8 parts; mix while boiling. Iodin may be added in badly infected cases, using 1 or 2 grains, powdered with some potassium iodid. The material is injected, while hot, thru a glass syringe. After being injected, a thick pad of gauze saturated with alcohol should be bound over the sinus opening. The evaporation of the alcohol cools and hardens the paste and prevents its escape. (Instead of bismuth for x-ray pictures he uses: iron subcarbonate, 1 part; white vaselin, 2 parts; mix and boil.) He reports 35% of recoveries by means of the above injection in from one to eight treatments; 30% were cured in a year; and about 35% remained uncured. The trouble with the bismuth seems to have been that poisoning occurs from absorption from the encapsulated bismuth, which perhaps might be obviated by remembering the surgical principles of causing these cavities to heal from the bottom upward, packing the sinus with antiseptic gauze during the time required for the abscess cavity to heal.

The Goodnight Operation for Varicocele.

The Goodnight operation is the simple shortening of the scrotum. It is very seldom necessary to open the tunica vaginalis, or to resect the enlarged veins, and our explanation is based upon the physiologic action of the circulation.

Varicocele is relieved when the patient lies prone upon the back or wears a suspensory. The primary cause of varicocele, in our opinion, is the dragging down of the cord by the weight of the testicle. In all the cases of varicocele the scrotum is relaxt and the testicles swing low.

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The technique of the operation is simple and is about as follows: Push the testicles high up in the scrotum and place a clamp across the scrotum just below the testicles in their high position. Cut away, with sharp scissors or knife, all the scrotum below the clamp. Release the clamp and pick and ligate all bleeding points with catgut.

You will observe when the clamp is removed that the tunica vaginalis has not been opened. Close the wound with interrupted silkwork gut sutures. This will hold the testicles up permanently and take the weight off the cord, and does permanently relieve varicocele. If it is necessary in extreme cases, or where there is a hydrocele present, the tunica vaginalis can easily be opened through this incision, and it will not be found necessary to open higher up. This is a simple but sure method for a permanent relief of varicocele.—R. O. BRASWELL, in *Fort Worth Journal of Clinical Medicin and Surgery.*

Treatment of Scars.

Kirchberg, an authority on massage, contributes to the *Deutsche med. Woch.*, a study of scar treatment on a basis of manipulation, the latter being peculiarly adapted to meet the different indications. The intense itching, the pressure pains due to retraction, the disfigurement, disability, the likelihood of scar keloid and scar cancer developing, the susceptibility to injury, all furnish indications for treatment. The author divides scars into (1) flat, level with skin, mostly white; (2) deep, atrophic and (3) hypertrophic. The first variety is chiefly a blemish of cosmetic significance only, and may be tattooed in such way as to conceal them. In the deep, atrophic form, the subjacent adhesions must be detacht. While treatment of pittings from smallpox and acne is on the whole unsatisfactory, some excellent results have been secured by massage, but this must often be kept up month in and out. The movements consist of surface frictions with finger tips, the skin also being pusht or pulled back and forth over the subjacent bones. The manual massage must be supplemented by vibrations. Even after many years this treatment may be begun with good prospects for success. Hypertrophic scars require special measures—compression with plaster, fibrolysin, etc.—*Medical Record.*

A New Method of Applying Carbon Dioxid Snow.

Carbon dioxid snow as a cauterizing agent has in many respects revolutionized the treatment of various skin affections. The application of this agent is distinguisht by its simplicity as well as by its excellent cosmetic effects, a valuable desideratum when disfiguring scars on the face or on other exposed parts of the body are concerned. W. Knowsley Sibley writes in the *Practitioner* recently, concerning a new method of applying this remedy. He has found that carbon dioxid in solid form will mix with and form a solution in ether or in absolute alcohol. This mixture is what may be considered for all therapeutic purposes a preparation of liquid air, but without its unstable character and dangerously low temperature. It can be ***easily painted on the skin*** as a stimulating or cauterizing agent, according to the length of time the reagent is applied. However, only more or less superficial lesions can be dealt with by this method, as it is not possible to exert any great amount of pressure, the degree of which is so important in treating deeply seated lesions with solid carbon dioxid. Still, if a deeper action be required a well comprest lump of solid carbon dioxid may be soakt in ether or absolute alcohol and then applied by a pair of forceps to the skin. According to Sibley, in the treatment of superficial conditions the solution of carbon dioxid in ether is superior by far to the methods formerly adopted because the part under treatment is exposed to view the whole time, and the area dealt with, however irregular in outline, can be so easily defined. Especially is the method satisfactory for application to small or large patches of lupus vulgaris.—*Medical Record.*

Immediate Percussion With a Single Finger.

The anonymous writer states that this method of percussion is the only one employed by Obraztzov, who found immediate percussion indispensable in percussing the limit of the stomach after listening to the splash, as the intervention of the pleximeter or another finger caused him to miss the line of demarcation between stomach and intestin. Subsequently he found this method useful in delimiting other abdominal organs. In the thorax it is not good for examining the apices, but excellent for the detection of pleural effusions. To mark out the heart, the single-finger method is superior. The patient is best in the upright position. The left hand is used to exercise necessary pressure on the wall and to move to one side fatty folds or, in a woman, the breast. He has found that both in neurasthenia and emphysema the cardiac dulness is lowered and the beat is accompanied by epigastric pulsations. He has also found a definit relation between the areas of cardiac and hepatic dulness; for example, if the former shows its upper limit at the fourth rib, the latter will begin at the sixth.—*Semaine Médicale.*

Mr. Albert N. Doerschuk, president of the Kansas City Association of Retail Druggists, in an address before the association, in discussing several coal-tar derivativs and their use and abuse, calls attention to the liability of druggists in making and selling indiscriminately headache powders, and cites the case of a firm recently fined by the court for selling acetphenetidin powders that were not properly labeled. He recommends that druggists discourage the use of coal-tar derivativs whenever possible. He states that "the educated apothecary is sure to be benefited if he keeps abreast the times."

One drop of croton oil dissolved in 30 drops of chloroform and 1 ounce of glycerin, given at night on an empty stomach, followed in the morning by sufficient castor oil to purge well, will remove tapeworm.—*Penn. Med. Journal.*

EDITOR MEDICAL WORLD:—I have been a constant subscriber for years. Would not like to be without it. It is really the people's journal, the greatest good to the greatest number. It is democratic. It is a gentle reminder of President Wilson's personal appearance before Congress to deliver his message that he was a human being just the same as Congressmen. Success to THE WORLD. May it never want for subscribers.

Deason, Tenn. T. W. WOOD.

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Examination for Assistant in Bureau of Chemistry.

The United States Civil Service Commission announces an open competitiv examination for medical assistant, for men only. From the register of eligibles resulting from this examination certification will be made to fill a vacancy in this position in the Bureau of Chemistry, Department of Agriculture, Washington, D. C., at $1,800 a year, and vacancies as they may occur in positions requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

The duties of this position will be to study the claims and representations made in conjunction with proprietary remedies, look up medical literature, assist in preparing cases, etc., under the Food and Drugs Act. A knowledge of French and German is desirable.

Competitors will not be assembled for examination, but will be rated on the following subjects, which will have the relativ weights indicated:

1. General education and medical training	35
2. Practical or professional experience and fitness	45
3. Publications or thesis	20
Total	100

Graduation from a medical school of recognized standing and at least three years' subsequent experience in the practise of medicin, or two years' subsequent experience in either pharmacologic investigations or the actual examination of drug products with reference to the claims made therefor by manufacturers, are prerequisits for consideration for this position. Further information can be obtained by addressing the Department of Agriculture, Washington, D. C.

EXAMINATION QUESTIONS

Ohio, June, 1913.

ANATOMY.

1. Locate and describe the scapula.
2. Give the course and relations of the brachial artery.
3. Give the boundaries of the fourth ventricle.
4. What structures pass thru the jugular foramen?
5. Describe the urinary bladder of a male and give its relations.

Answers.

1. The *scapula* is a large, flat, triangular bone situated at the back and side of the thorax, between the second and seventh ribs. Its anterior surface contains the subscapular fossa for the subscapularis muscle. The dorsal surface is divided by its spine; above the spine is the supraspinous fossa for the supraspinatus muscle, and below it is the infraspinous fossa for the infraspinatus muscle. To the spine, the trapezius and deltoid muscles are attacht. At the outer end of the spine, and overhanging the glenoid cavity, is the acromion process. The superior border of the scapula has the suprascapular notch and the coracoid process. The axillary border gives attachment to the teres major and minor and triceps muscles; the vertebral border gives attachment to the rhomboideus major and minor and the levator anguli scapulæ; the biceps is attacht to the apex of the glenoid cavity and to the coracoid process; to the latter are also attacht the pectoralis minor and the coracobrachialis. The scapula articulates with the humerus and the clavicle.

2. *The brachial artery* is the continuation of the axillary, begins at the lower margin of the insertion of the teres major, passes down the anterior aspect of the arm, and terminates about half an inch below the bend of the elbow, where it bifurcates into the radial and ulnar arteries. It passes along the inner borders of the coracobrachialis and biceps muscles, it is superficial thruout its course, is accompanied by venæ comites, and at about its center is crosst by the median nerve, which passes from the outer to the inner side of the artery.

Relations. In front: The skin and fascia, the bicipital fascia, median basilic vein, and median nerve. *Behind:* Triceps, musculospiral nerve, superior profunda artery, coracobrachialis and brachialis anticus. *Externally:* Median nerve (above), coracobrachialis and biceps. *Internally:* Ulnar nerve, internal cutaneous nerve, median nerve (below) and basilic vein.

3. The fourth ventricle is the expanded portion of the central canal of the spinal cord; it is a diamond-shaped cavity situated between the cerebellum behind, and the posterior surface of the pons and medulla in front. It is bounded: *Above*, by the valve of Vieussens and the cerebellum. *Below* by the pons and medulla. *Laterally*, by the superior peduncles of the cerebellum, restiform bodies.

4. The *jugular foramen* transmits: The inferior petrosal sinus; lateral sinus, meningeal branches from the occipital and ascending pharyngeal arteries; and the glossopharyngeal, pneumogastric and spinal accessory nerves.

5. The *bladder* is a musculomembranous sac situated in the pelvis, behind the pubes and in front of the rectum. The superior surface is covered by peritoneum. The anterior surface is separated from the body of the pubic bone by the prevesical space of Retzius; the lower part of this surface is uncovered by peritoneum, the upper part being covered according to the degree of distention of the bladder. The lateral surfaces are covered behind and above by peritoneum. The ureters enter the bladder at the upper part of the base. The neck of the bladder is surrounded by the prostate. The trigone is a triangular smooth surface situated at the base of the bladder immediately behind the urethral orifice; it is bounded at each posterior angle by the opening of a ureter, and in front by the opening into the urethra. The lower part of the base is in relation with the rectum, seminal vesicles and vasa deferentia. The bladder is retained in its place by ten ligaments; five of these are called *true ligaments*, these are the two anterior ligaments, two lateral, and the urachus; the five false ligaments are formed by folds of the peritoneum.

CHEMISTRY.

1. Give properties and chemical formulæ of (*a*) carbon dioxid; (*b*) carbon monoxid.
2. Give a test for indican and state its clinical significance when found in urin.
3. Define (*a*) aldehyde; (*b*) alkaloid; (*c*) glucoside.
4. Name and differentiate the three classes of sugar.
5. What are proteins and from what are they derived?

Answers.

1. *Carbon monoxid*, CO, is a colorless, odorless, tasteless gas, lighter than air, slightly soluble in water and in alcohol; it unites readily with oxygen to form carbon dioxid. It is very poisonous, uniting with the hemoglobin to form a stable compound which cannot carry oxygen to the tissues.

Carbon dioxid, CO2, is a colorless, suffocating gas; it will neither burn nor support combustion; it is soluble in water; if inhaled pure it causes spasm of the glottis and death.

2. *Test for indican in the urin:* The urin is mixt with one-fifth its volume of 20% solution of lead acetate and filtered. The filtrate is mixt with an equal volume of fuming hydrochloric acid containing 3:1000 of ferric chlorid, a few drops of chloroform are added, and the mixture strongly shaken one to two minutes. With normal urin the chloroform remains colorless, or almost so; but if an excess of indoxyl compounds be present the chloroform is colored blue, and the depth of the color is a rough indication of the degree of the excess.

Indicanuria is found in hypochlorhydria; in hyperchlorhydria of gastric ulcer; in conditions in which there is diminisht peristalsis of the small intestins, as in ileus and peritonitis, not in simple constipation; also in conditions in which putrefactiv changes occur in the body elsewhere than in the intestin, as in empyema, putrid bronchitis, gangrene of the lungs, etc. (From Witthaus' "Essentials of Chemistry.")

3. *Aldehydes* are the first oxidation products of primary alcohols; they are intermediate between the alcohols and organic acids; they are readily converted into alcohols by reducing agents, or into acids by oxidation.

Alkaloids are, as a rule, solid bodies; contain carbon, hydrogen, nitrogen, and oxygen; have very complex constitution; react with acids to form salts in the same way that ammonia does; are of vegetable origin, as a rule; are extremely poisonous; are optically activ, generally levorotatory.

Glucosides are substances which, under the influence of heat or dilute mineral acids, split up into glucose and some other substance.

4. CLASSES OF SUGARS. "(1) *Monosaccharides, or Monoses*—which do not yield any other sugar or sugars by the action upon them of dilute acids (glucose, fructose, galactose, etc.). (2) *Disaccharides, or Saccharobioses*—which, under the influence of dilute acids, take up H2O and yield two other sugar molecules (saccharose, lactose, maltose, etc.). (3) *Trisaccharides, or Saccharotrioses*—which, under the same influences, take up 2H2O and yield three other sugar molecules; and (4) *Polysaccharides*—which, under the same influence take up more than 2H2O, and yield more than three sugar molecules (starches, gums, celluloses, etc.). The disaccharides, trisaccharides and polysaccharides may be considered as produced by the fusion of two or more monosaccharide molecules with elimination of one or more molecules of water." (Witthaus' "Essentials of Chemistry.")

5. *Proteins* are substances of very complex composition and of unknown constitution; they constitute the greater part of animal and vegetable tissues. They all contain carbon, hydrogen, oxygen and nitrogen; some also contain sulfur, phosforus, iron, or some other element. They are derived from plants and animals.—*Medical Record.*

(To be continued.)

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BOOK REVIEWS.

LOVE AND THE UNIVERSE, THE IMMORTALS, AND OTHER POEMS. By Albert D. Watson, M.D., Toronto, Canada. Publisht by the Macmillan Co., New York. The volume has a brilliant introduction from the pen of Canada's well-known writer and book-reviewer, Katherine Hale.

[I happened to be in Toronto for a week or so last summer on business. A friend there told me of Dr. Watson, that he was one of my "long-time" subscribers (to both WORLD and *Equity*), and that the Doctor extended thru him an invitation to me to attend his Sunday-school class Sunday p. m., and then go home with him, take tea and spend the evening. All this I did and enjoyed every moment of it. I found Dr. Watson to be a leading Methodist, and I never before met a Methodist who had studied the Scriptures so rationally. He spoke enthusiastically of the past "Religious Talks" in THE WORLD and regretted that they had been stopt. I speak of this to show the breadth of the man—and I rejoice that sects that used to be restricted can now contain such men. In fact, Dr. Watson was a revelation to me in every way. I found him to be an accomplisht writer of both prose and poetry—and still in the activ practise of medicin, and an excellent, practical and progressiv doctor. So quit saying "too busy." Most men could do more than they do. See what Dr. Watson has done. His latest and best poetical work was still in manuscript, from which he read several selections to me, with which I was delighted. His series of poems entitled "The Immortals" opens an original field in poesy.

He promist me a copy of the book as soon as publisht, and a couple of weeks ago it came—a beautiful thing, inside and out. The following review was submitted to an independent literary authority not known to Dr. Watson, and he indorses it; so it may be considered impartial.—C. F. T.]

A book of verse of real import, intense, virile and visional, has just come from the pen of one of our busiest physicians. Alleviation of human suffering has here served to make more tender the sympathy, the spiritual insight keener and more penetrating. In "Love and the Universe," recently issued from the Macmillan press, Dr. Albert D. Watson, of Toronto, makes one of the most significant contributions to the poetry of our language that has appeared in recent years.

Within the compass of two hundred pages, the whole gamut of the emotions finds expression in exquisit poesy. Here are lyrics like "Love's Birthday" that thrill with all the sweetness and tenderness of a lover's dream. While other poems, such as "The Voyage," are big with inspiration and uplift. "The Unrenowned" is the sympathetic outflow of a passion for the deeper brotherhood of the race, the dear love of comrades, that some time will sweep away the crass commercialism which so befogs the world to-day. Far will the nature-lover roam among the muses ere he finds anything pulsing so harmoniously with nature's out-of-doors, the simple atmosphere of wave and cloud and sky, as "Breeze and Billow." Listen to the music:

A fair blue sky,
A far blue sea,
Breeze o'er the billows blowing!
The deeps of night o'er the waters free
With mute appeal to the soul of me
In billows and breezes flowing.

The author's attitude toward the great problems of the ages, which the reader will sense implicitly on every page, is explicitly themed in the most illuminating poem of them all which titles the collection, "Love and the Universe." It is perhaps overbold to translate into the old verbiage of prose those mystic, subtle intuitions of the inner meaning of the great ongoing, throbbing ocean of ceaseless Becoming that we call the Universe. But, at least, one can affirm that this poem leaves the reader feeling the utter inadequacy of creeds, conventions and intellectual formulæ to define life and the Universe. The great beacon that lights up the hidden mysteries of life is Love. And Love ever companions freedom. These are the golden threads that hold together the garment of the Universe; and the heart that beats lovingly in the Universe is the same heart that fathers and companions every struggling soul.

The dream was true; ah yes, 'tis Love, my brothers,
Can make the earth anew,
Only as you give life in loving others
Will they find heaven in you.

The standpoint of the author is that of ethical idealism exprest in all the imagery and beauty of epithet at the command of a master craftsman. Poems of lesser luster than that of "Love and the Universe" have placed the green laurel of immortality on the brow of their authors. We believe that Albert D. Watson in this poem has attained a high level of artistic expression beyond the power of the floods of time or the destructiv freshets of criticism.

In "The Immortals" the author has adventured into a comparativly unknown sea, and, like Columbus, has come into a new world of untold wealth. This series introduces us to the great souls of the ages who appear with all the reality and verisimilitude of the times in which they lived. If there is a more delightfully stimulating advanced course in history than "The Immortals," it has not been our good fortune to discover it. How charming to sit at the door of *Abraham's* tent, surrounded by oriental palms and camels and veiled women, and list to the old patriarch's words of wisdom. How stimulating to hear *Moses* give to *Joshua* his valedictorian address before climbing to his first vision of Canaan from the peak of Pisgah. We hear *Luther's* thunderous voice, or the gentle word of *Héloïse* in the self-effacement of her love. We walk with *Plato* down the streets of Athens and listen to the world's great teacher of the supreme worth of the inner life, dear, venerable *Socrates!* Or we visit *Leonardo* or *Browning,* or wander to the country of the Rhine and enjoy a few ecstatic words with the immortal author of *Faust.*

We venture to predict that "The Immortals" will be the most widely discussed and most thoroly appreciated part of this work. There are here twenty-six monologs, but the rich vein has been as yet only scratcht. We trust that the author will mine this high-grade ore most assiduously and at no distant date will present us with another volume wholly devoted to the immortals.

No one who has any keen appreciation of the beautiful in literature can afford to leave unread this unique collection of verse, the author of which has been for many years a member of "the Family."—W. J. SHAW, M.A.

THE PRINCIPLES AND PRACTICE OF MODERN OTOLOGY. By John F. Barnhill, M.D., Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicin; and Ernest deW. Wales, B.S., M.D., Clinical Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicin. Second edition revised. 598 pages, 305 illustrations, many in colors. Philadelphia and London: W. B. Saunders Co. Cloth, $5.50; half morocco, $7, net.

The text has been designed for students and general practicians, with the purpose of modernizing the subject, of correcting erroneous traditional beliefs, and of advocating prophylaxis and early treatment. Sheppard, of New York; Grant and Jakins, of London; Jansen, of Berlin; and

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Alt, of Vienna, are closely followed in theory and practise. The plea is made that surgical relief be accorded only its proper place, and that prophylaxis and early treatment be given their due and important place in ear affections. Emphasis is placed upon thoro examination, definit diagnosis and rational treatment. The text is thoroly illustrated, and this feature will aid the general practician in many cases of doubt. The thoro practicability, the simplicity and directness of the original text, have been retained in this edition wherever new matter appears. The book exactly fits the general practician s needs because of its clearness, conciseness and general practicability for the man with only moderate equipment.—A. L. R.

A TEXTBOOK OF PHYSIOLOGY. For medical students and physicians. By William H. Howell, Ph.D., M.D., LL.D., Professor of Physiology Johns Hopkins University, Baltimore. Fourth edition, revised. 1018 pages, fully illustrated. Philadelphia and London: W. B. Saunders Co. Cloth, $4, net; half morocco, $5.50, net.

The author appreciates the impossibility of completely covering the vast domain of physiology, and merely makes an honest effort to keep the trend of the book in the current of the swiftly changing knowledge of physiology in its many phases. He has kept the text simple and lucid, even interesting; and he has displayed rare good judgment in eliminating matter of but slight importance to the practician of medicin. The bewildering multitude of records of original researches has been sifted, and the author presents those views which seem to him most rational. The work is admirably adapted to the requirements of him who wishes to keep abreast of physiologic advances merely to the end that he may practise medicin better, and for this purpose there is ample reliable information given upon every subject.—A. L. R.

BIOLOGY: GENERAL AND MEDICAL. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology, Medico-Chirurgical College, Philadelphia. 440 pages, 160 illustrations. Phila. and London: W. B. Saunders Co. Cloth, $1.75, net.

The text is a thoro discussion of the probable origin of "Living substance" and the multifarious differentiations by which it reaches its highest complexity. It advances farther than this General Biology, in that man is held as no separate entity, but a unit in the whole and a unit which must conform to universal laws. All medical science being biologic, and much of biology being medical, they are closely related. Every physician needs to interest himself to a little extent in biology, if he would make of himself a thoroly rounded man, and this text is admirably adapted to that end.—A. L. R.

DISEASES OF THE GENITO-URINARY ORGANS. By Edward L. Keyes, Jr., M.D., Ph.D., Clinical Professor of Genito-Urinary Surgery, New York Polyclinic Medical School, Surgeon to St. Vincent's Hospital, etc. 947 pages, 190 illustrations, 7 plates. Publisht by D. Appleton & Co., New York. Price, $6.

The work is especially designed for the general practician, and the effort is made not only to teach him the subject in a manner fitting him to handle it to his limit, but to teach him when his horizon has been reacht and when he should appeal for help to the specialist of wider experience. The diseases of the urinary organs, both male and female, are considered from both medical and surgical viewpoints, and syphilis and the male genital organs are also incorporated. It is just the text the general practician so much needs in his daily work; not a text of formulas, but a safe guide in all conditions.—A. L. R.

THE FATS. By J. B. Leathes, M.A., M.B., F.R.C.S., Professor of Pathologic Chemistry in the University of Toronto. 133 pages. Publisht by Longmans, Green & Co., Fourth Ave. and 30th St., New York. Price, $1.25, net.

Too many study physiology without realizing how far the chemistry of fats has been advanced by chemists; and many good chemists, versed in fats, fail to appreciate what fats mean to the biologist. The field needs workers, who may come from either class, and it is to these the text makes its strongest appeal. This book is one of a series of monografs to be issued in the effort to keep physiologic chemistry in the minds of practical men wishing to keep abreast of the times, but who will not purchase large books which are obsolete in a few months. Each monograf is independent of the others.—A. L. R.

FOR AND AGAINST EXPERIMENTS ON ANIMALS. Evidence before the Royal Commission on Vivisection. By Stephen Paget, F.R.C.S., Hon. Sec. Research Defense Society. 337 pages. Publisht by Paul B. Hoeber, 69 East 59th St., New York, N. Y. Price, $1.50.

The text gives a clear account of the chief results of animal experimentation during the past thirty years, and, so far as possible, is in the exact language of those who did the work. It is intensely interesting from start to finish, and there is no better fund of information for any who may be called on to combat the arguments of the rabid antivivisectionists. It is a glorious record of self-sacrificing labors of devoted volunteers in the endless battle against disease of man and animal. The chapters are: The Act of 1876; The Work of the Research Defense Society; Physiology; Medicin; Surgery; The Experimental Study of Drugs; Tropical Diseases; Diseases of Animals, Veterinary Surgery; Anesthetics Used in Experiments on Animals; Antivivisection Evidence; Evidence of Lord Rayleigh and Lord Justice Fletcher Moulton; Inspectors' Reports for 1910; Report of the Royal Commission. It contains illustrations, tables and charts. There is no other book to fill its niche, and every physician needs to be able to argue the matter forcefully, for the efforts of these cranks seem to never cease, and any advantage they gain is a calamity to suffering humanity.—A. L. R.

MALARIA. Etiology, Pathology, Diagnosis, Prophylaxis and Treatment. By Graham E. Henson, M.D. With an introduction by Charles C. Bass, M.D. 190 pages, 27 illustrations. Publisht by C. V. Mosby Co., St. Louis. Price, $2.50.

This is a comprehensiv monograph on the subject, and is very thoro and complete. The subject is covered in every detail, germs, blood, mosquitoes, blood count, taking blood smears, staining the germs, latency, recurrences, chronicity, action of quinin, methods of treatment, etc. It is an excellent book and will be appreciated especially in malarial countries.—J. C. R.

CALM YOURSELF. By Geo. L. Walton, M.D. 50 pages. New York and Boston: Houghton Mifflin Co., 1913. Price, 50 cents.

The burden of the author's argument is to "keep cool" under all circumstances, so as to avoid getting one's nerves on edge, or in a state ready to get excited at the least unusual occurrence. The author recommends his readers to be calm under all circumstances, whether the

automobile does not run or the tire bursts 50 miles from the nearest place where assistance may be had. Such advice, if followed, will do much to relieve life of many vexing moments. As a habit, it will rob many troubles of their terrors and pull the teeth out of adversity. It is a good book for irritable and irascible people to study.—J. C. R.

MODERN OPHTHALMOLOGY. A Practical Treatise on the Anatomy, Physiology and Diseases of the Eye. By James Moores Ball, M.D., LL.D., Dean and Professor of Ophthalmology, the Amer. Med. College, St. Louis (National University of Arts and Sciences). 3d ed., revised and enlarged. 936 pages, 445 cuts, 24 colored plates. Publisht by F. A. Davis Co., 1914 Cherry St., Phila. Price, cloth, $7.50; half morocco, $9.

This magnificent work of Dr. Ball is complete in every detail and constitutes a whole library on ophthalmology. While a necessity to every specialist on the eye, it is written in such a practical manner as to be of every-day value to the general practician. All the illustrations are excellent and many are beautiful, and all are useful and fulfil a practical purpose. Colored representations of visible conditions are shown in profusion. Anatomy, physiology, examination of patient, treatment, etc., are described in a masterly way. Chapters on elementary optics, normal ocular refraction, the legal relations of ophthalmology, and notes on ophthalmic therapeutics make the book of especial worth. A splendid index concludes the book.—J. C. R.

ANATOMY, DESCRIPTIV AND APPLIED. By Henry Gray, F.R.S. New (American) edition, thoroly revised and re-edited, with the ordinary terminology followed by the Basle anatomic nomenclature, by E. A. Spitzka, M.D., Director of the Daniel Baugh Institute of Anatomy and Professor of General Anatomy in the Jefferson Medical College of Philadelphia. 1502 pages, 1225 engravings. Cloth, $6, net; leather, $7, net. Lea & Febiger, publishers, Philadelphia and New York, 1913.

This new edition of the old favorit, "Gray's Anatomy," is a wonderful advance. It now includes the Basle anatomic nomenclature. The book is replete with beautiful illustrations showing human anatomy in all its details. There seems to be nothing left out that could be useful. Colors are used thruout the book to show the various and different tissues. It is not only a textbook on anatomy, but also a guide to dissection.—J. C. R.

HEALTHOLOGY. By Irving J. Eales, M D., D.O. Publisht by the author, Belleville, Ill. 226 pages. Price, $1.50.

The gist of the author's ideas is to cure disease by fasting. He reduced his own weight from 235 pounds to 165 pounds. He describes fasts by others. No doubt a temporary rest of the alimentary tract would be good for many people and an absolute fast would be excellent to reduce avoirdupois from very fat people. We can hardly believe that fasting will cure everything.—J. C. R.

THE CHANGING GIRL. A little book for the girl of 10 to 15. By Caroline W. Latimer, M.D., M.A. With a foreword by Edward Bok. Publisht by Fleming H. Revell Co., New York. 61 pages. Price, 25 cents, net.

This is another of the Edward Bok Books of Self-Knowledge for Young People and Parents, and helps out the latter, who so often plead they do not know what to say. This gives the knowledge and provides the words and may be placed in the hands of the girl herself for her own edification and guidance.—J. C. R.

MARRIAGE AND GENETICS. Laws of Human Breeding and Applied Eugenics. By Charles A. L. Reed, M.D., F.C.S. 182 pages. Price, including postage, $1. The Galton Press, publishers, Cincinnati, Ohio.

This is a splendid little book on the subject and will be appreciated by all persons interested in the subject of genetics. It is, indeed, a little classic. It gives the laws as promulgated by various writers and a careful study by the author, together with his conclusions, deduced therefrom. It is one of the best books on the subject.—J. C. R.

THE DOCTOR IN COURT. By E. V. Mitchell, LL.B. 152 pages. Publisht by Rebman Co., 141 W. 36th St., New York City. Price, $1.

This is a brief manual on the subject and includes professional evidence, the contract of the profession, responsibility, remuneration, confidential communications, criminal responsibility, qualifications, etc. This is an excellent guide for physicians who may be called to court, and was quoted in our December, 1913, issue, in a footnote on page 482, which goes to show that such books are of value to the medical profession.—J. C. R.

SPIRITUAL HEALTH IN THE LIGHT OF THE PRINCIPLES OF PHYSICAL HEALTH. By Howard Foster Wright, D.B., M.D., D.O. 140 pages. Publisht by the Shakespeare Press, 114 E. 28th St., New York City.

Dr. Wright adds sanctity to medicin and views the afflicted from both standpoints. While he ministers to their bodily ills he remembers their spiritual needs. With this thought in mind he has written this volume. Physicians and clergymen will find much food for thought in this little appealing book.—J. C. R.

STORIES OF DOCTORS, FOR DOCTORS, BY A DOCTOR. By Dr. W. T. Bertrand. 163 pages. Publisht by the Roxburgh Publishing Co., Boston. Price, $1.

This very charming little book is composed of reminiscences of seven physicians who undertook to spend a vacation in a log cabin, and do some fishing and hunting. There being no local physician, they were called upon to look after the sick and the book contains an interesting account of their adventures, showing the life of country doctors. These stories are well told.—J. C. R.

CHEMICAL EXAMINATION OF HUMAN URIN. By J. C. Attix, M.S., D.D.S., M.D., P.D., Professor of Chemistry and Toxicology in Temple University, Phila. 55 pages, 10 illustrations. Publisht by J. C. Attix, 2355 N. 13th St., Phila.

This is Part IV of Professor Attix's "Laboratory Manual of Chemistry," for students of medicin, dentistry and pharmacy. The author gives a brief, clear description of various urinary tests, a complete analytic test for urinary concretions, examination of stomach contents, a section on blood pressure, and a series of tests for various chemicals. The whole constitutes a very excellent manual on the subject.—J. C. R.

THE PRACTICAL METHOD OF SUCCESSFULLY TREATING PYORRHEA. Publisht by Dentinol and Pyorrhocide Co., 110 W. 40th St., New York City.

This is a 12-page pamphlet, showing a method of treating Riggs' disease. It is well illustrated and we advise our readers to send for a copy. It will probably be sent on application.

The December *Annals of Surgery* is a special "anesthesia number" and contains some important papers on this subject.

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OUR MONTHLY TALK.

I feared that some one might challenge my statements regarding Mexico, in December Talk, page 918, but no one has. I stated that the pure white element in Mexico is sometimes estimated as low as 100,000. This statement I cannot vouch for; but sometimes the *vote* in the entire country falls as low as 100,000, and even lower when the country is unusually troubled.

Two Letters.

Here are two letters, both from the same state, Pennsylvania. This one is from Mertztown, Berks County, under date of December 9th:

"*Dr. F. Taylor, Philadelphia, Pa.:*

MY DEAR EDITOR:—Please discontinue my subscription as soon as my term is expired. I got enuf of your political talk. I thought by this time you had your mind changed on Wilson, Bryan and the tariff, but it seems you do not see or notice a good or poor thing.

I will inclose an item; read it, devour it, and open your eyes. As long as we folks send you the yearly dollar, you never fear dull times. Yours respectfully,

W. F. LONG, M.D.

The Doctor's subscription does not expire till December, 1914, and I hope it will not be a year of discontent to him. The clipping he incloses is a Hearst editorial—typically Hearst-like. He has long had the presidential bee, and we are very fortunate that his ambition has never succeeded—and never will succeed. The editorial contains no argument at all. Here it is, so the reader can judge it for himself:

LET US HAVE PROGRESS WITH PROSPERITY.

President Wilson says: "There is but one cloud upon our horizon," and describes that cloud as our trouble with Mexico. Mr. Wilson evidently is not an expert in political meteorology. There is, perhaps, only one cloud on the distant horizon, but there are several very threatening clouds hanging immediately overhead, and casting a very heavy shadow upon the business interests of this country and upon the general prosperity of the producing classes. This heavy shadow, with a prospect even of a serious storm, is due to the President's exceedingly obstinate attitude in regard to the modifications of the tariff.

The President is one of those men to whom success gives hallucinations.

He has the Presbyterian belief in predestination.

He is convinced that he is the direct representativ of the Almighty on earth, and that, being in more immediate contact with mundane affairs, his knowledge of them is, perhaps, a little superior to that of the Almighty.

This conviction is not uncommon among men whose sudden rise to power is as incomprehensible to them as it is to the rest of the community. Not only politicians have this obsession, but business men also who attain unusual success or important position too rapidly.

A conspicuous example of this hallucination was given by George F. Baer, of the Reading Railroad, with his avowed inspiration and his arrogant action by "Divine right."

Vanities of this kind would be harmless enuf if they did not so often lead men to become inaccessible to facts and impervious to reason, and if they did not so often persuade men that their own fallible opinions were direct inspirations from on High, not to be modified or ameliorated by the opinions of other men or the actual conditions which confront them.

The clouds which now hang menacingly overhead and threaten the prosperity of the nation could have been dissipated if Mr. Wilson had taken a broader and more liberal view in his policies of tariff reduction.

He should have realized that tariff reduction, however necessary for the benefit of the consumers, must fall more or less heavily and disastrously upon the producers of the country.

Do you think this needs a reply? Does it not answer itself? Or, is there anything in it to reply to?

When Mr. Taft assumed the presidency, he did so with the confidence and good wishes of all, regardless of party. We all wanted him to have a successful administration. Those in his own party were the first to turn against him, and no one became as bitter as those in his own party. Mr. Wilson assumed the presidency with confidence and good wishes almost if not quite as universal, and the above letter is the first growl that has come to this office. Nine months' trial is rather a short time in which to judge a president, and all will agree that he has *done* a great deal in that time. Downward revision of the tariff has been advocated for years by all parties. Wilson has accomplisht it. And even after the downward revision, as shown in November Talk, our tariff is still higher than that of any other country in the world except Russia. If we cannot compete with the world, with next to the highest tariff in the world, the confession is not to our credit.

Now for the other letter:

BOILING SPRINGS, PA., December 15, 1913.

DR. TAYLOR:—After reading your "Monthly Talk" in December WORLD I perhaps became unduly enthused. The inclosed you can understand to be the "safety valve." Do as you choose with it: add to, detract or waste basket. Fraternally, M. R. PETERS.

P. S.—I will take the initiativ and propose Bryan and Taylor for 1916. It would suit me.

Thanks for the compliment, but excuse me from being a candidate for any office.

The "safety valve" is a large page closely typewritten, concerning Mr. Bryan and my "magnificent" defense of him. Here are a few paragrafs of the "safety valve":

It is a reflection on the intelligence of the American people to not know this giant till after he is dead, largely thru a want of a broader acquaintance with the author of most all the great reforms, political and moral, of the day.

Wilson, Roosevelt, etc., are merely his pupils, imitators. Mr. Bryan is head and shoulders above them all. He is in the vanguard in this administration and in the nation.

The 600 delegates to the Grangers' Convention in Ohio a few days ago arose as one man in applause when some one proposed Mr. Bryan for president in 1916.

Give Wilson a Fair Chance.

Among the rewards and punishments of prominent political life are extravagant praise and unreasonable criticism. Let us realize that our public servants are very human men, striving honestly to serve their country to the best of their ability. This is usually true.

It is too soon yet to judge President Wilson's administration. He started under rather difficult conditions, but with general good wishes and good will, and he and his party have stuck closely to duty as they have seen it, and few presidents have ever received as much praise in so short a time and so little criticism. But let us see what people think and say in the third year of the administration.

It is already proven that Mr. Wilson is a persistent and determined man, and one who *gets things done.* These are excellent traits in an executive officer—necessary traits in a successful executive. Talk and investigation alone will never "get anywhere." They are important as preliminaries to *action*, but worth little if they do not lead to action. Think of the years of talk and investigation on the tariff and currency questions. Certainly it was time for some kind of action on both; but it has been necessary to keep Congress in the treadmill thru the longest extra session on record to get them, and both are not achieved yet at the time I write these lines, but I hope that we will have a new currency law by the time that you read these lines.

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Possibly a Better Way.

The fact that Congress has been in session so much of the time during the last several years and accomplisht so little, suggests that extremely technical subjects as a tariff law or a currency law should not be made up in detail by so large a body as Congress. Think of 435 men in one house and 96 men in the other having to agree on the minutiæ of such laws. These are matters for a small body of experts, the general principles being determined by Congress. Indeed, the foundation principles and general outline being determined by Congress, the executiv departments should be trusted to take care of the details. One of the wisest things that Congress ever did was to give power to the Postmaster General, in the Parcel Post law, to decrease the rates and increase the weight allowed, from time to time, according to experience. And he has already, in less than a year, twice decreast the rates and increast the weight in certain zones. If such liberty had been given to the Postmaster General years ago concerning the pay to railroads for hauling the mails, much talk, both in and out of Congress, would have been saved, and reasonable adjustments would have been made during all these years. As it is, nothing has been done by Congress. Such adjustments should not be dependent on the action of such a body. It is so hard to move. Technical and executiv details are much better done and more promptly done by a single executiv head than by a large body like Congress, and it being divided into two co-ordinate houses makes prompt and harmonious action all the more difficult.

Work of the New Session.

On December 1st the Philadelphia *Public Ledger* publisht the following as the leading problems that Congress has before it for the regular session:

The Administration currency bill.
Antitrust legislation.
Prohibition of interlocking directorates.
Appropriation bills carrying over $1,000,000,000.
Cold storage legislation.
Mexican situation.
Nicaraguan treaties.
Government ownership fight to be precipitated by proposed Government-built railway for Alaska.
Merchant marine legislation growing out of recent investigation of transatlantic shipping trust.
Secretary Daniels' recommendation for Government-owned armor plate plant.
Legislation for Government ownership and refinement of petroleum oil for naval purposes.
Struggle between big navy advocates and disarmament forces, involving also Winston Churchill's plea for a "naval holiday."
Naval personnel legislation.
Federal regulation of dealing in "cotton futures."
A more comprehensiv employers' liability law.
A Federal system of rural credits.
National primaries for nomination of President and Vice-President.
Consideration of Pujo "money trust" investigation's recommendations.
The creation of an army reserve corps.
Pure "fabrics" legislation.
Safety appliance and steel cars bills.
The American seaman's bill.
Antibichlorid legislation to reduce danger of accidental poisoning.
Appropriations for building embassy and legation buildings abroad.
Nearly 15,000 bills and resolutions now pending with a flood of them yet to come.

Is not this a formidable program? And to it may be added the problem of the Government assuming the transmission of intelligence by wire (telegraf and telefone) which the Postmaster General has recommended. The special session and the regular session "ran together," so Congress got no rest. And with the above program before it, when will it get rest? Never, unless it quickens its speed o confines itself to outline legislation, leaving deta and minutiæ to the administrativ departme Affairs cannot always go along as they have b going. It's too slow; and the fixing of details, once in a generation, is too inaccurate. Minu of administration must frequently change, as c ditions change. The feature of the Parcel P law above mentioned is a good model for all s legislation—leaving reasonable discretion with t administrativ departments, which might be ma answerable to Congress. In most European go ernments heads of executiv departments ha places in the law-making body, not to help ma the laws, but to answer questions and, when nec sary, to defend the portion of the administrati represented by a given department.

More Power to the Department Heads.

Some plan to facilitate the work of Congres becoming a pressing necessity. Some think t the way to do it is to reduce the numbers in b houses, or to establish a single house instead of two houses, so that this single body would b sort of "commission," comparable to the comm sions now governing many of our municipalitie successfully. This proposition is exceedingly teresting, but let us be very careful about dist ing so radically the foundations of our governme The suggestion I have made above is much m simple, its safety cannot be doubted, and it be put into effect immediately and without turbance. As to safety, if any executiv departm should take undue liberties in exercising discr lodged with him in any law, the president is alw on duty and all the administrativ departments under his control; and Congress might modify a law at any time, if it were not pleased with t discretion exercised by any executiv departme For example, if Congress should at any time f that the discretion lodged in the Postmaster Ge eral in the Parcel Post law was being abused, could modify the law or withdraw the discreti entirely. However, the discretion here granted working so well that we can fittingly take it as model for relieving Congress of minutiæ a strengthening the executiv departments—two ve desirable things. It would be well if all post rates were similarly under the control of the Pos master General, subject, as the parcel post ra are, to the consent of the Interstate Commer Commission—and to be checkt by Congress at a time that Congress may think necessary.

A plan like this would make the congression sessions as they should be, reasonably short an very meaningful, and it would so strengthen th administrativ branch of our general governmen that accuracy of adaptation and efficiency woul be vastly increast.

Simplified Laws.

And this could be done by a simple change i the manner of drawing bills—making laws short and more general, leaving the adjustment of m nutiæ from time to time to the discretion a experience of the administrativ department whi will execute the law.

And Congress should not be bothered by person pension bills and individual claims of various sort This evil has grown to be very great, and a gre burden upon Congress. Such claims should b *limited* to the Court of Claims, but perhaps mo discretion should be lodged therein, so that th

(Continued over next leaf.)

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The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

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VOL. XXXII FEBRUARY, 1914 NO. 2

The National Antinarcotic Law.

Almost every day the newspapers in one section or another of this country contain one or more accounts of narcotic *habitués* and of the deplorable results of narcotic addiction. Public opinion everywhere is, for the time, aroused against the vice, but gradually subsides as other pressing occurrences arise to occupy attention. Still, everybody, profession and laity alike, are anxious for a settlement of the matter and look to the proper authorities for relief, which they have been looking for so long.

Men, women and children, addicts to cocain, morphin, heroin, opium and other seductiv narcotics, are riding a vice to destruction amidst newspaper clamor and professional remonstrances against it, but our authorities hesitate, because what appears to them as weightier matters are demanding their attention.

We have earnestly advocated the passage of the national antinarcotic bill (H. R. 6282) for several months, and we understand that it is on the threshold of passage now in the United States Senate, having passed the House of Representativs previously.

Our national legislators—Congressmen and Senators—come from various walks of life, many being lawyers. Therefore, they are not familiar with medical matters, and necessarily must go slow in handling medical laws, or be likely to pass laws the effects of which they know not.

This national antinarcotic law has had a very stormy existence, having been combatted very vigorously by opposing interests. In these circumstances, a legislator unfamiliar with the matter is likely to be confused as to the actual value of the bill.

This bill as it now stands bears the indorsement of physicians and druggists alike, altho a certain element in the druggists' associations is opposed to it because it does not prevent physicians from dispensing.

As the bill is now ready to be considered in the United States Senate, and as we all want the matter to be quickly and definitly settled in the right manner, we urge every reader of this paper to write to both senators from his state and ask him to earnestly and persistently support H. R. 6282 until it passes the Senate in its present form *without amendment.*

We are certain that, if the medical profession shows itself as an ardent advocate of this bill, it will be passed.

There is no denying the positiv benefit to mankind by the passage of this bill. The efforts of the medical profession have always been for the alleviation of mankind, and this is one of their best endeavors. Let every physician do his part to guide our senators in realizing the value to humanity of the passage of this bill. Without our urging they may not understand that the medical profession is unitedly in favor of the proper control of the sale of narcotic drugs.

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A Warning About Radium.

Six hundred physicians crowded Mitchell Hall, in the College of Physicians of Philadelphia, December 15th, when four of America's masters in the use of radium, Prof. Arthur Goodspeed and Dr. Wm. S. Newcomet, of Philadelphia, Dr. Howard A. Kelly, of Baltimore, and Dr. Robert Abbé, of New York, described various phases of the marvels now possible from its use. Many natural colored plaster casts and photografs, made before, during and after treatment of cases, were shown, the recoveries in extreme cases bordering on the magical.

It is with the practical side of this amazing new remedy that THE WORLD speaks now. Facts brought out at the meeting showed that successful results are possible only from huge dosage, and few individual physicians or institutions can afford the very large sums needed for this purpose. Dr. Kelly, himself possest of large means, with all the facilities of Johns Hopkins at command, has interested a fellow philanthropist, Col. Alfred du Pont, the powder magnate of Wilmington, Del., and the latter now controls large pitchblende deposits at Quartz Hill, Gilpin Co., Col., probably the richest in existence. Dr. Kelly and other scientific friends own vast carnotite deposits in the far West. It is their aim that all radium from these and other American sources shall without charge be placed under the national government for free treatment of the afflicted by trained operators in the large cities. To co-ordinate the philanthropic work, prevent speculation in radium, preclude quackery and place all radium at the service of mankind are the basic reasons for seeking Government protection. To an interviewer of the Philadelphia *Ledger*, Dr. Kelly further said at Baltimore, December 19th:

> The principal object of this movement is to take the production of radium out of the hands of private individuals who are seeking to amass big fortunes thru their speculations. In other words, there is a corner in radium that should and must be broken up if the greatest amount of the good it promises for suffering humanity is to be achieved. There is no earthly reason for the present enormous prices of radium. If our present effort succeeds this price will be reduced greatly, and radium will be made available for practical purposes in all parts of the country.

The practical application of the foregoing facts is that makers of radium products are marking these at too high a radium content and, in the absence of a standard center for measurement, are cheating buyers out of large sums of money and patients out of expected relief. Again, so-called "radium institutes" are springing up all over the land that cannot have radium salts in sufficient quantity for serious cancer removal.

THE WORLD is therefore constrained to advise its readers *for the present* to depend for radium treatment on only large public institutions where recognized *authorities* on the subject may be consulted.

As usual, the medical scientist points the way for another great benefaction to mankind.

The United States Department of Agriculture has issued a bulletin on radium bearing waters that will apply here also. The Government research workers find that such solutions lose their radium emanation content soon after leaving the spring or other source of supply, as we stated in October, 1913, page 426.

Just after the above was penned, on December 25th a warning was issued by the American Society for the Control of Cancer against putting too much hope in the beneficial results of the treatment of cancer by radium. The society expresses fear that exaggerated ideas of the power of radium in such cases would lead to deeper despair if the expected cure should fail after the patient had been put to heavy expense. In its warning bulletin, the society says:

> The curativ effects of radium are limited to-day to superficial cancers of the skin, to superficial growths of mucous membrane, which are not true cancers, and to some deeper-lying tumors of bone which are not very malignant. The problem of the constitutional treatment of advanced, inoperable cancer is still untoucht by any method yet devised or likely to be devised for administering radium.
>
> Even among the so-called radium cures it still remains to be determined in many cases whether the favorable result is permanent or is to be followed sooner or later by the usual recurrence. The most competent surgeons do not dare to pronounce a case cured until five years have elapst after an apparently successful operation. The same test must be applied before we can finally determin the real value of radium.
>
> It should be emphasized especially that radium cannot at present exert any permanent benefit on generalized cancer, and since cancer in a very large proportion of cases is widely disseminated in the body early in the course of the disease, this entire group of cases can expect no important relief from radium.
>
> The best results of radium therapy can be secured only when comparativly large amounts are available for use, and the present limited world's supply of this metal places it out of reach of the great majority of patients.

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Your Widow's Accounts.

Yes, the brethren die, and we will all die in time. We frequently get letters from doctor's widows upon whose brows the bitter weeds of mourning are fresh. These letters are all beautiful, and they speak so kindly of THE WORLD. I always answer these letters, however busy I may be, for it is worth while to always pause to say a few words to the bereaved. We will all be there some day, and we will hope that the world in its multitudinous affairs will not hurry heartlessly by.

I wish to assure those who grieve, and those who may soon be called to grief, that I appreciate these letters more than I can express. The letter now before me says:

In saying good-bye to the dear old MEDICAL WORLD and its good Editor I feel I am taking leave of my old friend, for my husband always spoke of THE WORLD and Dr. Taylor as tho they were personal friends.

Nearly all these letters express the same thought, only worded differently. This is better recompense for my efforts than money. This lady is an ex-nurse, with real medical interests, so I am placing her on the list complimentary for the rest of the year. But the real reason for mentioning the above is not sentiment, but hard, practical business. This lady says:

I used to urge Dr. ——— to make more use of the "Business Talks." He used the "follow-up" system to some extent, but not nearly as thoroly as he might. There is over $3,000 out on his accounts, and collector tells me if I collect $300 of it I will do well.

Doctor, in what condition will *your* widow find your accounts when you are called away? Take this matter to heart *now,* during this dangerous winter weather, and you and your family will have reason to thank THE MEDICAL WORLD for a valuable family service.

Treatment of Erysipelas in Children.

Because we all dread the onset of erysipelas in young children on account of the excessivly high mortality, we are influenced to favor one of two erroneous lines of procedure. Either we give the unfavorable prognosis which the gravity and statistics of the case warrant, and treat it too expectantly; or we fly to the other extreme, and treat it too "energetically"; that is, we employ with too great assurance new recommendations in therapy, or we use the drastic and heroic therapy which has occasionally brought us success in adults. We are convinced that a "middle-of-the-road" line of conduct in the face of these grave cases is more rational. We do not mean that indications are to be ignored; the long-continued high temperature must be combated; the toxemia must be assailed; the discomfort from the inflammation must be assuaged, and we must endeavor to maintain the best possible condition of nutrition thru assimilation of easily digestible food.

When we know absolutely that the termination of the case depends in great measure upon the powers of resistance inherent within the patient and in the severity of the infection, one naturally recoils from infliction of the harsher methods of treatment we unhesitatingly employ in the adult. If we *do* do this, we must defend our position with some better shield than the mere plea of compassion for the helpless babe—for the infection has no compassion for the tender years of the victim. The real reason we can assign, and the actual reason which should incline us to milder measures of therapy, is that the harshness of the treatment itself may do more harm than the disease, for the young child is very sensitiv and reacts more strongly than does the adult to severe therapy. Moreover, it is utterly unproved that such severe methods, however much they may at times avail in the adult, have even been of undisputed effect in the young child.

It is nothing short of brutal to cut the skin of a child and saturate the incision with bichlorid of mercury or with solution of carbolic acid. Generally the red line passes our incision uncheckt. In the newborn, 95% of cases die; in children under one year, in the best and most experienced hands, 50% are lost. We would consider any practician who failed to employ vaccine therapy as utterly lacking in knowledge and in tact. Not that vaccine therapy has accomplisht what we would wish, but that it seems to have sometimes shortened the course of the disease, and that in event of a fatal termination the family will learn of the treatment being a "sure cure" (?) and will never forgive the doctor. The fact is that in streptococcic infections the results have been far less brilliant than they have proved in staphylococcic cases, but still giving promise enuf of possible benefit to warrant their continued use until we know more. Neither migration nor recurrence seems to be influenced by the injections.

We like to keep the room at about 60° F., protecting the child from cold by hot-water bottles, but allowing the free circulation of

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air unless the temperature goes below the point named. We are convinced that every case will do better under liberal use of whiskey. We give 15 drops every two hours to a child under 2 years, and increase it if indicated. It is the best of all stimulants in this disease in young children. Iron is practically certain to do more harm than good. We use the cool pack if the temperature exceeds 104° F. We use 33 1/3% ichthyol in lanolin as a dressing, tho we have also used the Epsom salt solution (see MEDICAL WORLD, May, 1913, page 205) in a few cases where the ichthyol did not seem satisfactory. We do not use solutions if much of the head or any great portion of the trunk is involved. We reduce the strength of the milk or whatever nourishment is being used, but we are careful to maintain the quantity. We dilute with egg-water, barley water, or granum water. Fractional doses of calomel are practically always used. We long ago satisfied ourself that echinacea was the best drug with which to combat the toxemia.

Governmental Sickness Insurance.

The governmental insurance affairs in England and Germany are not quite smoothly working yet. There is not so much fault with the medical practise part as there is with the remuneration the physicians receive. In our August, 1913, issue, on page 308, we called attention to the dangers of overworking the "panel" or insurance physician by endeavoring to have him treat too large a clientele. There is a limit to every person's abilities. A physician can do only a certain amount of medical practise in a certain time. Each case requires time. When any physician has too many cases to attend, some of them must perforce be neglected. It is this neglect, unavoidable by the physician in such circumstances, that is a positiv wrong in this insurance plan. Many train wrecks and great loss of life have been the result of overworking the engineer, who consequently was not fully awake. Physicians, like engineers, require food and sleep. Without them, harm may ensue.

The physician should have not only a limited clientele in this insurance plan, so that the individuals can be given proper medical attention, but the physician himself should be considered in the matter and given proper remuneration and an eight-hour day, with rest on the Sabbath.

The remuneration given is inadequate compensation for the service rendered, and physicians doing that work must have large clienteles to make a fair living. Thus is formed the vicious circle in which everybody is ground to pieces. Many of the high-salaried government officials should have their salaries materially reduced, and the physicians should be paid more.

In Germany the struggle is very severe at the present time. One part of the efforts of the medical profession is to prevent their reduction to a starvation wage and loss of the proper dignity attaching to a liberal profession. If the profession is overworkt and underpaid, it will disintegrate rapidly. If those countries are living on the bounty of to-day and provide for no future, the future will be in a bad state.

The March of Eugenics.

The eugenics marriage law of Pennsylvania has not had a deterrent effect on the number of marriages performed in this state. On the contrary, there was an increase of 757 marriages in 1913 over the number in 1912. Unquestionably a great number of marriages have taken place in adjoining states because of this law, but the number who have left this state because of the enactment is comparativly small.

A much more drastic and severe law has been enacted in Wisconsin, whereby a certification of absolute freedom from venereal diseases is required of males wishing to marry, to be furnisht by a physician "at least 30 years of age." The physician making the examination must give a certificate stating that he has "applied the recognized clinical and laboratory tests of scientific research and find him to be free from all venereal diseases as nearly as can be determined."

The state law arbitrarily fixes the physician's fee at $3, but as the law actually requires a Wassermann test, very few physicians will make the examination for that sum. No doubt many a young or older man will pay his family physician properly for a proper examination.

The formation of living cells was shown in a moving picture film at Paris before the Society of Biology by Prof. Joly and Commandon. The experiments were made on the blood of tadpoles. These were forced to undergo a fast for several weeks and afterward fed for ten days. Then drops of their blood were placed under the cinematograf. The experimenters could see the blood corpuscles form and then divide, showing the phenomena of the growth of animal matter.

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BUSINESS TALK TO DOCTORS.

Doctor, did January "Talk" do any good? Have you exhausted its possibilities? Let me tell you a little story that was told me a short time ago:

He was an elderly doctor doing a creditable practise. One morning he called on a prosperous neighbor whom he had known since childhood (they had been schoolmates together), and askt for a loan of $200. The friend was entirely willing to lend the money, but he knew some of the doctor's shortcomings, and he said, "Doctor, let me see your books." So they went around to his office and soon found the condition he suspected. Then and there he offered to help the doctor send out some bills, and in a little while bills for about $900 were mailed to people whom the friend knew to be perfectly good. In the course of several hours bills could easily have been sent amounting to about $3,000, but the friend was a busy man, and his plan was only to give the doctor an object lesson—not to undertake to keep his books. In less than five days after these bills were sent out that morning, the doctor had in his pocket over $400—more than twice the amount which he wanted to *borrow!*

This is a true story, voucht for by the friend who told it to me. He knew the old doctor, now dead; but are there not many like him still living? I have not told it all. The friend made a few fitting remarks to the doctor—not in harshness, for they were devoted friends. He said that such carelessness was not only unjust to himself as a hard-working and devoted physician, but it was also unfair to *the surrounding physicians.* Do you know any dear old brother who is innocently and unwittingly unfair to his surrounding brethren? If so, that fact should be gently broken to him. How shall you do it? I know it is a delicate matter. Perhaps we can help you. Just send us an order to send a copy of this issue to such an erring brother, with this portion markt. The recipient need not know who ordered the magazine sent, but when he reads the markt portion he will know *why* it was sent, and the lesson will be a benefit to himself as well as to his neighbor physicians. This is a good way to get put a good message exactly where it is needed.

But be careful that you are not guilty yourself. Did you read January "Business Talk" carefully? Did it "touch" you anywhere? Can you read it now and say that no part of it applies to you? If so, I congratulate you; for it is one of the most "searching" Business Talks I ever wrote. If that is true, I can have little or nothing to say to you this month, for you belong "at the head of the class." If you keep so, you will be the model physician in your community.

Collection Agencies Again.

Collection agencies hungry to add to their own income, but not particular about serving the interests of their clients, are still abroad in the land, working chiefly thru agents. The United States National Adjustment Company, of Chicago, and the Whitney Law Corporation, of New Bedford, Mass., are complained of. The terms of these concerns are ruinous. The first claims 50% of the first $100 paid on claims submitted, whether the payments be made to you or them—which is equivalent to a retainer of $50, and then there are numerous extras, etc. The latter exacts a retainer fee equal to $1.50 for each claim up to 25, and a declining rate after that, plus 10% to 50% of all collections. In each case you put out good money, put your collections beyond your control, and if they are collected, seldom does any real money reach the doctor. My observation has been that as soon as the contract is signed and the accounts given over, war breaks out between the doctor and collecting concern, each accusing the other of receiving money on the accounts and not reporting it—and frequently both are guilty. So considered from any point of view, this is not a good way to manage your collections. Doctors who read these Talks know better ways.

* * *

Babson, of Wellesley Hills, Mass., wants to supply his stock price and advice service to doctors at $60 per year, claiming that he can show them how to make money by stock speculation. *Don't.*

H. L. Barber, of Chicago, wants to help you to *invest for profit.* Too many are trying to do that, and nearly all fail—even those who succeed at first fail in the end. Better learn to invest for *safety.*

Have you been approacht concerning radium stock? Look out for it. Here is a sample of the frauds in that line:

Title deeds to radium-producing mines in Colorado, showing that they are property of Alfred I. du Pont,

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of Wilmington, Del., and not of the German Gold and Uranium Company, were produced by Mr. du Pont at the hearing at Reading, Pa., December 23d., of William Wright, of Boyertown, charged with using the mails to defraud in selling stock of the concern. Hugh C. Browne, president of the German Gold and Uranium Company, with offices in the Drexel Building, Philadelphia, also testified that the company had no interest in the mines and that the representations made by Wright in selling the stock were false. Wright was held under $2,500 bail for court by United States Commissioner Henry Maltzberger.

Mr. du Pont remained at a hotel near the commissioner's office to be within hailing distance should he have been needed as a witness. He was represented at the hearing by T. B. Heisel, his attorney, who produced the deeds. They showed that Mr. du Pont took title to the German mine on January 24, 1912, the Belcher mine on January 26th, that he purchast all the pitchblende of the company from which radium is extracted on March 29th and that the final effects of the company passed into his hands April 8, 1912.

"Blue Sky" Laws.

The country has been so overrun by agents selling stock and bonds of no value that, a couple of years ago, Kansas arose to the emergency and passed a law by which its citizens have been saved an annual loss of several millions. At this stage of civilization, when affairs of all kinds are so complicated, and when a man is lucky if he understands one line of business sufficiently well to achieve success in it, and when fraud is so easy by means of misrepresentation, it is the duty of the state to require agents who sell securities to submit their wares and claims to officers competent to investigate and judge. All securities that cannot stand such investigation should not be permitted to be sold in the state. This is the main feature of the Kansas "blue sky" law. Let me explain again the meaning of the somewhat slang expression, "blue sky." It refers to propositions with nothing more substantial behind them than the blue sky above—fakirs try to sell "a patch of blue sky"—that is, nothing in it but thin air.

Other states have followed the example of Kansas in enacting "blue sky" legislation. The new Maine law is now before me. It requires dealers in securities, and their agents or salesmen, to register. The registration list is publisht, and certificates of registration are given, which may be shown on demand. The commissioner may require a dealer to file with him a list of securities offered by him, and may require the submission of all facts concerning same; and if same are not satisfactory to the commissioner, the dealer may be prohibited from selling the same. This gives protection to the people of the state. The time will come when the people of every state will be thus protected. Then will new methods of perpetrating fraud be invented? I suppose so, for some people simply cannot or will not make an honest living. My purpose is to protect the medical profession, the class which has grievously suffered in the past. And some of the dull or sleepy ones are still being led into losses. Let us be ever on the watch, and also warn our less alert brethren. When a doctor earns and collects his money, he should make sure that he and his family shall get the good of it.

THE MEDICAL MONTH.

The state furnishing the largest number of medical students this term was New York, with 2,098. Pennsylvania contributed 1,375 and Illinois 1,314. The next states, in the order of the number of students contributed, are: Ohio, 795; Massachusetts, 680; Texas, 594; Missouri, 562; and Tennessee, 436.

Nine hundred medical inspectors in Pennsylvania's counties have finisht testing 350,000 public school children of its 1,831 districts of the fourth class. The results of these inspections have demonstrated that children in the rural districts show as large a percentage of physical defects as those in the cities, and that the sanitary conditions in the school buildings are in the majority of cases are inferior to those in the cities.

"From sickness alone our mere money loss each year is $750,000,000. Conservativ American authorities declare that at least one-fourth of this annual loss, approximately $200,000,000, can be prevented," said Dr. John B. Andrews, of New York, Secretary of the American Association for Labor Legislation, before the American Public Health Association at Colorado Springs, Col.

Dr. William Hudson Wathen, probably Kentucky's leading surgeon and medical teacher, died October 7th, aged 67 years.

The Dominion Government has granted 320 acres of land on the main line of the Canadian Pacific Railway in Alberta for a sanatorium for incipient cases of tuberculosis.

The new building specially devoted to the study and treatment of pellagra is to be added to Watts Hospital, Durham, N. C., and the Government invited to make this a national station and headquarters in this good work.

Benjamin Altman, who gave New York's Metropolitan Art Museum his $14,000,000 collection of old masters, also devised $100,000 to Mount Sinai Hospital there.

The Federation of State Medical Boards in the U. S. A. now publishes an official *Quarterly* at Easton, Pa.

A cure for mushroom poisoning discovered by Dr. Louis Olivier, one of the most distinguisht chemists of France, was presented, at Paris, in the fall, before the Society of Comparativ Pathology. After a demonstration that mushroom poisoning destroys the red corpuscles of the blood, he stated that his neutralizing agent was a serum from a sheep. The preparation was extremely simple. He drew the blood from a sheep and allowed it to coagulate, the liquid resulting being the serum. This he injected into the veins of a human being.

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North Carolina's State Laboratory of Hygiene, at Raleigh, is now to furnish antityphoid vaccination at cost.

The noted surgeon, Just Lucas-Championnière, dropt dead at Paris, October 22d, from acute angina pectoris while reading before the Committee of the Academy of Sciences a paper on prehistoric trepanning. This paper was written for delivery at the annual fête on Saturday of the Five Academies of the Institute of France.

Philadelphia keeps up its repute abroad as America's medical center, judging by the many noted foreign physicians constantly visiting the great teaching and hospital institutions there.

The commonest common sense would vouchsafe for little children sound bodies in which to develop sound minds; yet 600,000 of them are tuberculous or thin blooded; many have the American ailment, neurasthenia, as badly as their parents; one-fourth of them have eyes that see not or do so at the cost of pathetically painful effort; 1,000,000 of them have ears that hear little or not at all; as many have deformities; one-quarter, being either starved or injudiciously fed, naturally suffer mental indigestion; 30% have unhealthy noses and throats—the mouth breathers, the "dunces" and "vicious" children, who need only the removal of these handicaps to become well-behaved and bright scholars; 50% have bad teeth and unclean mouths, which invite infections that spread rapidly among children, who, by conveying them home, cause epidemics.—*Colliers Weekly.*

Before adjourning the recent London International Medical Congress passed a resolution declaring: It is our conviction that experiments on living animals have proved of the utmost service to medicin in the past and are indispensable to its future progress. Only one delegate, a woman, voted against the resolution.

Another credit for initiativ by the organized medical profession: Inspection of the sanitary arrangements and safeguards in railroad stations and trains has been ordered on a sweeping scale by Acting Secretary of the Treasury Allen. This refers to ice and water supply, toilet contents' disposal, etc.

According to the *Journal of the American Medical Association*, scientists who have struggled for years to prove the Darwinian theory, and incidentally have workt out medical problems and cures with the aid of monkeys, are now planning to establish a monkey farm on the Canary Islands, where the simians may be more closely studied. Fear that in a few years the monkeys will be almost extinct has caused the movement for the experimental station.

For the first time since 1886, when Pasteur began the treatment of hydrophobia, no patient at the Pasteur Institute, in Paris, has died in the past year. Three hundred and ninety-five persons have been treated in this period. Of these 71 were diagnosed to have hydrophobia by injections and 145 by the autopsy of animals attacking them, while the remaining 179 were bitten by suspected animals.

Vanderbilt University, Tennessee, has just lengthened the term of its medical school courses to nine months, agreeable with its recent Carnegie endowment.

The late Anna Blanchard, of Philadelphia, bequeaths $60,000 to hospitals in that center.

The Harvard Medical School at Shanghai, China, has a new head for its anatomic department in Dr. Theodore H. Aschman, of Boston, Mass.

A new method of typhoid vaccination is announced in a report by Dr. Frederick Parker Gay, professor of pathology at the State University, Sacramento, California. Dr. Gay's vaccine eliminates the fever and nausea which have markt other typhoid vaccines. Instead of using attenuated strains of living bacteria, he makes his vaccine from typhoid bacteria. But three days for inoculation is required.

A course in "public health" for nurses is the latest and among the best. Phipps Institute, of the University of Pennsylvania, Philadelphia, is the originator.

The Agricultural Department at Washington recommends that "When market milk is pasteurized it should be heated to about 145° F. and held at that temperature for 30 minutes."

The Bureau of Agriculture at Washington announces that it will continue to use the bacterial count in milk testing, other reports being incorrect.

Acting under auspices of the commission appointed by the Medical Society of the State of Pennsylvania, laymen and doctors have formed the Pennsylvania Society for the Conservation of Vision. Aroused by learning that this country has 100,000 blind people, an activ campaign is under way against ophthalmia neonatorum, needless eye injuries in the trades, trachoma, wood alcohol, wrong lighting of buildings and like causes.

In his 98th year, Dr. W. H. Wishard, of Indianapolis, has passed away. Noble and useful, his life, both public and private, was a model. He practised medicin until 90. He rendered important service to the wounded soldiers during the war, being the originator of the plan for sending the sick and wounded to northern hospitals, by which plan many lives were saved. Few men have been so fortunate as to receive devotion of family and friends to the extent as was the precious lot of this old brother. The shining light of his character will be long remembered in Indiana.

The school medical inspectors of Monmouth County (N. J.), of whom there are about thirty, have organized the Monmouth County School Inspectors' Association, with the following officers for the ensuing year: Dr. W. U. Kurtz, Asbury Park, president; Dr. L. E. Davies, Matawan, vice-president; Dr. Stanley H. Nichols, Long Branch, secretary; Dr. J. D. Ten Eyck, Bradley Beach, treasurer. Meetings will be held quarterly during the school year, at invitation of its members, in different towns. The purpose of the association is to promote anything that will increase co-operation on the part of the public and the school authorities in medical school inspection, to work for a more uniform physical examination of pupils thruout the state, and to learn from each other any good thing pertaining to the work of inspection. Two very interesting meetings have already been held at Asbury Park, and one at Long Branch.

It was announced at Stockholm, October 31st, that the Nobel prize for medicin has been conferred on Dr. Charles Richet, of the French Academy of Medicin, for his work in anaphylaxis. Dr. Richet has done much research work in physiology. Three years ago he told of an air

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filter, which he invented, to purify the air in rooms and act as a preventiv of the spread of scarlet fever, tuberculosis and other diseases. It consists of a ventilator workt by electricity, which displaces 200 cubic meters of air an hour. The apparatus in which the fans revolve is covered on the inside with glycerin, on which the germ spores and such matter in the air are deposited and eliminated from the air of the room.

A conference of experts was held October 10th, at the State Institute for Feeble-Minded Women, Vineland, N. J., to formulate sane and economic plans for the care of the feeble-minded, and to interest alienists and psychologists in their training as well as in the diagnosis of their cases. Dr. Madelein Hallowell, superintendent of the institution, outlined an economical, human and safe system, by the gathering by the State of all its mental defectives into large institutions conducted on the unit plan, where women and children can mingle and lead some semblance of a normal life, the men being in the same institutions in separate buildings.

Hydrotherapy is a large element in the cures of 85% of insane cases at the Stockton, Cal., State Hospital for the Insane. The Friends' Asylum in Philadelphia has a fine water outfit building for this purpose. When will American general practicians more generally use the water treatment?

Dr. Hugel, in an article at Berlin, October 16th, on the treatment by radium of diseases of the ears, some of which have hitherto defied treatment, points out the interesting fact that the emanations which in the treatment of cancer destroy the tissues, in this case rejuvenate both nerves and tissues. He treated almost all kinds of deafness—gradual decay and chronic disease, as well as deafness resulting from sickness or accidents—and it is stated that almost all forms benefited by the treatment, which has the merit of being painless and requiring very small quantities of mesothorium, as the radium preparation is known. Eight to twelve applications and a total of one to five milligrams of mesothorium are sufficient in most cases, so that doctors and hospitals can easily apply the treatment.

Social hygiene is the educational campaign now activly under way in Maryland.

Thirty-two medical colleges now require two years of college work as a requisit for entrance. Two more have announced that they will require this in 1914, and two more have announced it for 1915.

The principal subject discust by the International Tuberculosis Congress at Berlin was the relation between insurance and the campaign against the white plague. Statistics were cited showing that one-fifth of the deaths among policyholders of private insurance companies were due to tuberculosis, which occurred after the insured persons had paid an average of only four years' premiums. The highest percentage of deaths from tuberculosis occur among tailors, weavers, stone masons and postmen.

A possible specific for septicemia may have been found by the eminent young American scientist, Dr. L. H. Marks, who, as a follower of Ehrlich, has establisht his own research laboratory in Frankfurt, Germany. By means of knowledge gained by long experiments Dr. Marks has chemically transformed ordinary drugs, like cresol and thymol, so that when they are introduced into the body they lose practically all power of affecting it, but still affect the bacteria detrimentally. One of the drugs, which the doctor for the present designates as No. 317, definitly cured all the animals used for his experiments of blood poisoning due to bacilli known as streptococci or staphylococci. He believes and hopes that he is justified in saying that human blood poisoning will soon be conquered.

The general order to inoculate every member of the State's National Guard to render them immune to typhoid fever was put into effect at Trinidad, Col., November 4th.

One of America's surgical geniuses, Dr. Charles McBurney, the father of modern appendicitis treatment, died at Stockbridge, Mass., November 7th.

The General Hospital at Braddock, Pa., has raised $100,000 by a "whirlwind" campaign. How about paying the doctors who serve the town?

The Board of Foreign Missions of the Presbyterian Church announces that a woman physician is needed for the Presbyterian Hospital and dispensary at Tsinanfu, Shantung Province, North China, 300 miles south of Peking. The hospital was opened in 1899, but has been closed periodically for the last three years owing to ill-health of the physician in charge, and a woman with thoro medical training, considerable experience and practise, a sound constitution and good health, good sense and tact, is urgently required. Support is said to be adequate, including salary, traveling expenses, living quarters, etc., and is provided by the mission board. Correspondence regarding this matter should be addrest to Wilbert B. Smith, 600 Lexington Avenue, New York City.

At length medical schools realize that *organisation* in the profession calls for recognition. This is again shown in the appointment of Dr. Frank B. Cross, November 4th, as vice-dean and secretary of the medical department of the University of Cincinnati. Dr. Cross has acted as secretary of the Medical Civics Association since its origin, is a well-known ophthalmologist, and has done some very effectual organization work in medical circles in Cincinnati.

Rockefeller Institute's able Japanese scientist is having recognition abroad. At a special meeting of the Royal Society of Medicin in London, October 25th, Dr. Hideyo Noguchi gave a demonstration on "The Application of Cultural Methods to the Study of Infectious Diseases of Unknown Etiology." Noguchi's announcement of his discovery of the *Spirochete pallida* in the brain of subjects with general paralysis was listened to with great interest. Some beautiful microscopic specimens and lantern slides were exhibited showing the organism in the brain tissue. He had transmitted it from the brain of a general paralytic to a rabbit, and had also produced in the rabbit by intracerebral or subdural inoculation, lesions resembling general paralysis. Lantern slides were shown indicating that the spirochetes multiplied by longitudinal fission. Noguchi also drew attention to his lutein reaction for syphilis, which he considered superior to the Wassermann.

An army medical school has been establisht at Ottawa in connection with the Central Laboratory of Hygiene. Military medical officers will be trained in laboratory work and army sanitation.

The Kaiser Wilhelm Institute, which was founded by the kaiser and is to be conducted under his protection, was opened in Berlin in the presence of the royal family. The state provided the ground and the Kaiser Wilhelm fund the material for the building. The cost of the institute

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was about $125,000. In the main building is the serologic department, which is conducted by the director of the institute, Professor Wassermann, and the department of chemistry, headed by Professor Neuberg, formerly assistant of Professor Salkowski. There is a room for dangerous explosivs and also a special room for a large centrifuge is in the basement. The lid of the centrifuge is of glass in order that should there be a break in the centrifuge the pieces may easily be thrown outside. A separate department is available in which animals may be observed as to their health before use. This building is available for large animals such as horses and cows. Besides this there is a larger building of two stories in which are conducted experiments on animals. In front of the animal stables there are exercising yards for the animals separate from the stables mentioned, and in another department are a kitchen for preparing food, a room for drawing blood from horses in order to obtain serum, and two complete aseptic operating rooms for larger animals.

The New York Laryngologic Society will celebrate the fortieth anniversary of its organization this month. This society was the first of its kind to be establisht, antedating all societies in Great Britain or the continent by more than ten years. In 1898 the society was merged with the New York Academy of Medicin, becoming the Section of Laryngology and Rhinology.

Philadelphia reports two cases, one fatal, of pellagra in its environs.

The Smithsonian Institution at Washington announced that the Hodgins prize of $1,500 for the best treatise on "The Relation of Atmospheric Air to Tuberculosis" had been equally divided between Drs. Guy Hinsdale, of Philadelphia and Hot Springs, Va., and S. A. Knopf, of New York, N. Y.

The New Orleans, La., *Item* is the latest great daily to deny its advertising columns to the nostrum swindlers.

At the International Tuberculosis Congress in Berlin, a paper was read on the danger of tuberculous infection from milk, in which Dr. G. J. Heymanns, of Ghent, said that cows' milk might be contaminated by human tubercle bacilli when handled by persons suffering from tuberculosis.

Dr. Paul Haertl, head of the Royal Chemical and Balneologio Laboratory, Bad Kissingen, Germany, arrived in New York November 12th. He came to this country on the solicitation of Dr. Simon Baruch, New York City, who had urged the reservation commission, of which G. F. Peabody is chairman, to obtain counsel and co-operation of Dr. Haertl in the final plans for making Saratoga Springs a health resort on which physicians and the public may depend. The state has expended $1,000,000 in the purchase of the mineral water rights and 250 acres of land with the idea of developing a great health resort.

4,023 new cases were treated in 1912 at the Hospital for Deformities and Joint Diseases in New York, founded by the elder Sayre. The cornerstone of the new buildings was laid November 4th.

A new method of dentistry is being introduced in Paris in the form of treatment of the teeth with the ultraviolet rays. Such rays from a mercury lamp, it is claimed, have the power of whitening discolored teeth and sterilizing them in such a way that they are not so easily liable to decay. The teeth to be treated are isolated from the rest, which are covered with a rubber shield. The face, too, is protected by a mask. The teeth are then washt with oxygenated water and exposed for an hour to the direct action of the rays. It is stated that the teeth acquire a luster like pearls. Two sittings a year are recommended to keep the teeth in good condition.

The Philadelphia *Ledger* wars continuously on the medical quacks of that center and excludes from its columns advertising of nostrum swindlers in general.

The American Board of Commissioners for Foreign Missions has issued an appeal for surgical instruments of all practical kinds and in good condition, microscopes, sterilizers, etc., which are needed in the medical missions supported by the board in foreign countries. Any such instruments should be sent by parcels post to John G. Hosmer, 14 Beacon Street, Boston, Mass.

Pennsylvania's department of health has just forbidden further use of the common drinking cup, towel and shaving brush by barbers.

Twelve out of every 100 pupils entering the public schools are "mentally unusual" and need special treatment apart from other children, according to Dr. Arnold Gesell, of Yale University, in a publication just issued by the United States Bureau of Education at Washington.

Lecturing on radium before the Society of Civil Engineers at Paris, October 25th, Paul Blesson stated that the latest statistics on the quantity of salts of radium at the present moment in the different scientific and medical laboratories prove that not more than six to seven grams of metallic radium are in existence. The price of a gram of the bromid of hydrated radium is about $90,000, which makes a gram of pure metallic radium worth about $156,000. The chief holder of radium is Madame Curie, with about 2.6 to 3 grams.

Philadelphia's extermination of fake medical museums has encouraged Chicago to follow suit.

A great new medical school for the medical faculty of the University of Cincinnati, Ohio, is in prospect. Dr. Christian R. Holmes has been chosen dean.

At the International Tuberculosis Congress at Berlin, there was an animated discussion on the subject of vocational schools for children who had been cured of a tendency to tuberculosis. Dr. Franz, of Berlin, urged that such schools should be attacht to all sanatoria for children.

San Francisco is busy wiping out its many "medical museum" quacks.

Dr. E. Robinson, in a paper presented at the Academy of Medicin at Paris, November 20th, which gained the prize offered for the best work on cancer, announces his method for determining cancer in the first stages. It has heretofore been very difficult because of the confusion with tuberculosis symptoms and other growths of various kinds not cancerous. Dr. Robinson, after experimenting on hundreds of patients, believes his method infallible. The formula he communicated to the Academy is a hypodermic solution. Then the temperature of the patient is taken every three hours. If it mounts from ½ to 1½° the disease is cancer, otherwise the temperature remains stationary. Tests have been made 300 times in Paris hospitals with satisfactory results.

The owner of the Omaha *World-Herald* is U. S. Senator Gilbert M. Hitchcock, and in one issue of his newspaper one reads a half-page advertisement,

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headed "Cancers Cured Without the Dreaded Plaster Treatment"—a full half-page of delusion for the victims of an incurable disease. While the proprietor is kept busy at Washington his journal fairly reeks with an odious class of medical advertising. But who is downhearted? Ten years ago United States senators were giving out patent-medicin indorsements to the Great American Fraud, testimonials which they were willing to see publisht broadcast in newspaper advertisements. Ten years hence newspapers owned by United States senators will be turning down quack advertisements, if not because senators have improved by that time, then because their reformed competitors will have forced them into virtue's way. All Senator Hitchcock needs is a little time to think it over.—*Collier's Weekly.*

Minnesota now sells diphtheria antitoxin at cost.

The trustees of the American Medical Association have made a new appropriation for the Committee on Scientific Research. The committee has decided to use this money as far as possible to promote work in medical research where suitable conditions exist but where such work suffers for the lack of relativly small sums of money. Applications for grants are invited and may be sent to any member of the committee, which consists of L. Hektoen, 1743 West Harrison Street, Chicago; S. Flexner, Rockefeller Institute for Medical Research, New York; and William Litterer, Vanderbilt University, Nashville, Tenn.

The Equitable Life Assurance Society issued a statement at New York, November 19th, calling attention to the extraordinary increase in the death rate from cancer, which is said to have assumed the proportion of a great plague. In the last ten years, it says, the indicated death rate from cancer has increast 30% among men and 22% among women in the United States registration area. The mortality from external cancer has increast 55% in ten years.

Dr. Edwin Klebs, the eminent bacteriologist, died in Dortmund, Germany, October 21st. He was professor of pathology in the University of Chicago in 1896, one of his many professorships. The Klebs-Loeffler bacillus of diphtheria will always keep his name illustrious in medical history.

Sir John Battey Tuke, the noted British alienist, died at Edinburgh, October 13th.

The citizens' fund for the new Foundling and Baby Hospital in Montreal has now reacht $85,000.

The Chicago *Tribune* carries on a systematic campaign against quacks in that city, both without and within the profession.

The enlistment of newspapers and popular magazines in nationwide education of the masses to have neoplasms removed *early* is one of the important outcomes of the Surgical Congress of North American Surgeons.

The attitude taken by the Clinical Congress of Surgeons of North America toward the annual loss of life thru operations performed by unskilled practicians is shown by a resolution calling upon State Legislatures to pass laws demanding five years' practise after graduation before granting surgeons' licenses.

The American Association of Medical Jurisprudence was incorporated at Albany, N. Y., December 5th, by Secretary of State May. Its object is the study, investigation and advancement of the science of medical jurisprudence. The certificate sets forth that the territory in which the association's operations are to be principally conducted is the State of New York and the United States of America. The directors are R. W. Wilcox, A. E. Ommen, C. P. Blaney, J. C. West and O. W. Ehrhorn, all of Manhattan.

At Haddonfield, N. J., December 6th, a cat, mascot of their hockey team, was held responsible for afflicting a dozen girls with impetigo contagiosa.

The library of the late Prof. Ernest Ziegler, professor of pathology at the University of Freiburg, Germany, founder of the *Beiträge zur Pathologische Anatomie* and author of a textbook on pathology, was presented formally to the medical department of the University of Pittsburgh, Pa. The donor is Richard B. Mellon, of that city. Prof. William H. Welch, of Johns Hopkins University, Baltimore, spoke at the presentation meeting. The Ziegler collection is intended to form the nucleus of a library for medical research.

The New Jersey Supreme Court set aside as unconstitutional the act of 1911 providing for the sterilization of epileptics, feeble-minded, criminals and other defectivs. The Supreme Court holds the law in question was based upon a classification that bore no reasonable relation to the object of the police regulation, and denies to the individuals of the class so selected the equal protection of the laws.

The largest shipment of radium ore ever sent out of this country left New York for France. It amounted to 150 tons, and will yield a little more than 11 grams of pure radium, which, it was said, will represent a cash value of $1,000,000. Herman G. C. Thofehrn, of Paris, who came here on a special mission to procure a large amount of this mineral for France, said that he had gained control of the entire output of radium-producing mines in Mexico and also owned 80% of the ore production in the United States. This is confirmation of the charge made in "Medical Month" lately that the American profession is behind date in realizing the great value in treatment of radio-activ substances.

A successful new method of curing typhoid fever is announced by Drs. Jesué and Bellar at Paris. It is called autovaccination. A culture of bacilli is made from the patient's own blood. After two days the culture is sterilized by heating, and 200,000,000 germs are injected into the patient three times, at intervals of 12 hours. If, after five days, the patient's temperature is still high, a further injection of 200,000,000 germs is made. This treatment is said to have given splendid results even in the most serious cases. This, of course, is merely making and using autogenous vaccine, and similar results are probably as readily obtained by a stock vaccine.

The annual meeting of the Canadian Hospital Association, held in the Toronto General Hospital, was a great success. Efficiency and economic *versus* political administration were fully discust.

Medical societies begin to look askance on applications for membership from graduates from so-called medical missionary schools and many now require that such graduates must show a successful "pass examination" before the licensing board of the State in which the society is located. This stand is justified by the following press telegram of October 31st: "Medical missionaries—men who will teach the Bible and cure the sick in Asia and Africa—are to be educated at the Kansas City, Kan., University. The directors decided to establish a special course, which will enable students to

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combine medicin and theology. With the exception of the clinics, the entire medical course will be taught at the university. The class will continue to go to the Hahnemann Medical School for clinical work."

A new treatment of typhoid fever, based on the injection of a serum drawn from typhoid convalescents, was announced at San Francisco by Dr. George R. Carson, of the Southern Pacific Hospital, at the annual convention of Pacific Coast Railway Surgeons.

Iowa is now carrying on a popular educational campaign for public health.

New Jersey is aroused over the revelations of markt degeneracy in the "pinies," descendants of early colonists who live in its pine forest sections, and has arranged for sex segregation areas to stop their further multiplication.

The Wisconsin Superior Court has decided that osteopaths cannot practise medicin in Wisconsin without first obtaining a license. The sheriff was directed to take the defendant into custody.

The welcome news was announced at Philadelphia, December 23d, that mesothorium, a cheaper substitute for radium in cancer, was now to be extracted at the great Welsbach Company plant, on the water front, opposit the U. S. Navy Yard. Ores for the purpose are brought from the Carolinas and from far-off Brazil.

Sir Rickman J. Godlee, president of the Royal College of Surgeons, of England, was made an honorary member of the National Institute of Social Sciences, at New York, December 3d, and presented with a gold medal in recognition of his services to humanity.

A novel cure for pyorrhea alveolaris, or diseased tooth sockets, has been discovered by Dr. A. C. Valadier, of New York and Paris, in conjunction with Dr. D. M. Bertrand, of the Pasteur Institute, who have just communicated the results of their experiments to the French National Society of Biology. After protracted researches, they found pus was contained in diseased tooth sockets which were thus infected by harmful bacteria, including the pneumonia germ. These subsequently prepared vaccine which after several injections kills these germs. Two hypodermic injections of vaccine strengthen the patient and his teeth are then in a condition to undergo the usual process of mechanical cleaning. After five injections of the vaccine in the thigh or lumbar regions, all the bacteria in the tooth sockets disappear and his pyorrhea alveolaris is cured. The teeth again become strong and the gums firm. Drs. A. P. Hitchens and Claude P. Brown, of Philadelphia, have done similar original work with vaccines.

Time brings its own punishments. McFadden, he of "physical culture" and anti-vaccination, anti-physicians, and anti-almost-every-other-National-American-institution notoriety, has had an outbreak of variola in his Illinois healthatorium (!) where 75 inmates were forced by the State to be vaccinated!

The Medical Council of Saskatchewan has decided to establish a medical library at Saskatoon, Canada.

The Camden, S. C., Hospital was opened in Camden, December 1st. The hospital was built by Bernard M. Baruch in commemoration of the beginning of the medical career in that town of his father, Dr. Simon Baruch, New York City, the pioneer in hydrotherapy. The hospital has an endowment of nearly $100,000, a bequest from John Burdell, and is unique as a rural hospital in that it has a dispensary attacht at which incipient cases of tuberculosis may early be detected.

Radium-bearing carnotite ore has been uncovered in the Tamaqua valley near Philadelphia, a new source for this precious mineral.

The Association of Southern Medical Women, dedicated to the furtherance of public health campaigns in the South, was inaugurated November 18th, at Lexington, Ky., as an auxiliary to the Southern Medical Society.

Carl H. von Klein, well known in Chicago as a collaborator of medical and collateral literature, as a translator and abstractor of medical articles, noted as an Egyptian scholar, whose work on the "Papyrus Ebers" was almost ready for issue, died in that city December 12th, from diabetic gangrene, aged 71.

Ex-Premier Briand, at the session of the Legal Society of Medicin at Paris, took up the problem of the employment of mental weaklings to commit crimes. He said: "These persons, when arrested, immediately show irresponsibility and are certain of acquittal. Their employers make sure by suggestion and threats that the unfortunates will not denounce them." M. Briand cited a dozen such cases recently submitted to his judgment. Among them were several girls of low intelligence who robbed for men employers; also a soldier who had committed a series of outrages against his superiors at the suggestion of a group of anarchists.

Six separate endowed annual lecture courses for graduate physicians in Philadelphia have been segregated under direction of the "Benjamin Rush Society for the Correlation and Support of Medical and Biological Lectures in Philadelphia." It is believed that by these changes the effectivness of the lectures in Philadelphia will be increast, since while each lecture will remain autonomous, the united effort will aid all to obtain an increase in publicity, attendance and financial support.

Carnotite, or radium-bearing ore, is being transported from the fields near Moab to the railroads for shipment East, according to J. W. Humphrey, superintendent of the La Sal forest, near Ogden, Utah. Mr. Humphrey says a peculiar situation has arisen with regard to the land containing the ore. Because of its nature it cannot be patented either as a placer or as a lode claim. He says those who are working the fields are planning to erect a mill. At present the ore is shipt 80 miles by team to the Denver and Rio Grande for shipment. Surveyors are at work on a proposed Albuquerque-Salt Lake railroad.

Bakers who use machinery bring about two important improvements: In the first place, they are able to furnish their customers clean bread, free from the impurities introduced by hand kneading; and in the second place, the change is favorable to the health of the journeymen bakers, since the kneading is the most health-endangering part of the work.

That fine philanthropy organized by America's pioneer hydrotherapist, Dr. Simon Baruch, the Montefiore Home and Hospital for Chronic Invalids, New York, N. Y., already finds its $2,000,000 buildings with 350 beds, just dedicated, to be too small. A $200,000 gift was received in December for additional structures.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

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A Further Contribution to the Use of Lobelia.

EDITOR MEDICAL WORLD:—I have a very sober suspicion that our eclectic brethren have a very broad, prolific smile up their sleeve. They are looking forward with interest to a report from Dr. F. W. Shaffer, of the Kansas State Soldiers' Home at Fort Dodge, on the use of lobelia in gallstone colic, and since "ye Editor" has made direct inquiry as to whether any one has tried lobelia in renal colic, you may get a reply from some open-hearted eclectic upon that subject. We think we know what that reply will be, and in order to forestall him, we will try to tell you, before we close this article, what can be expected by the use of lobelia in renal colic, altho your humble servant is not an eclectic, neither has he tried lobelia in renal colic. But we do know that this remedy is a favorit one with the eclectics, and we know that they treat diseases with the same measure of success as any other school of medical faith—even the osteopath is not an exception here (but more of him in another article later on)—and when we observe true merit, we have made it a part of our business to try to inform ourselves as to the cause of that success, regardless of "schools."

Back in 1891, on page 640 of his "Materia Medica," Bartholow says: "Lobelin affects chiefly the motor nervous system, especially the medulla oblongata and its respiratory center (nucleus pneumogastric)." The pneumogastric nerve is both motor and sensory, and for the same reason that we control asthma by inhibiting the motor side of the pneumogastric nerve with lobelia we can control hepatic and renal colic thru the splanchnic nerve, for "the splanchnic is the motor nerve of the bile ducts and the gall bladder." Hepatic colic, therefore, unless due to an attempted passage of a large concretion, is relieved by lobelia, due to its sedativ action. It is in exactly the same way that renal colic can be controlled, for the splanchnic sends its motor fibers to the kidney. It also conveys motor and vasomotor impulses to the ureter, ovaries, fundus of the uterus, testes, and prostate gland, and spasms of any of these organs can be controlled with lobelia.

Dr. Hobart A. Hare reasoned along this line when he wrote the prescription for "elixir anti-asthmatic," which contains lobelia and is manufactured by nearly every pharmaceutical house in the country.

We have borne in mind, during all this time, that we are dealing with hypodermic doses. Here again has been a point of difference. *We have not given large enuf doses*. Our eclectic brethren have had better results with it, because they *gave it to effect* in one large dose. Now we are offsetting their large dose with the needle, which has its advantages in other ways and which are commendable, and I am quite sure will be given recognition by both schools. It is a long stride forward and well worthy of consistent thought.

A recent author classifies lobelin, which is the activ principle of lobelia, with nicotin, the activ principle of tobacco, and treats both subjects as one, stating that their effects upon the system are identical. It has occurred to the writer that possibly a part of the failures that have been met with in administering lobelia might be due to a tolerance of nicotin, rendering a small dose of lobelia inert, and the writer would be more than pleased to hear of any observations along that line, where it has occurred when administered to tobacco users. In preparing this article we also have in mind that there are different causes for asthma, but we are referring only to those disorders from exalted nerve force and nerve irritation.

W. L. SHANK, B.S., M.D.
316 Clark Ave., St. Louis, Mo.

Discussing the campaign against cancer. Dr. Joseph Bloodgood, of the American Society for the Control of Cancer, said: "The earlier cases of cancer, precancerous lesions, in which 100% of cures can be expected, have increast from 23 to 33% since 1898. The incurable cases have decreast from 18 to 10%, while the cures have increast from 21 to 50%. Persons afflicted with cancer of the tongue are coming for treatment earlier nowadays," he said. "The delay of a week in the treatment of an ulcer or a wart on the tongue or mouth may make the outcome of what appears a very insignificant thing a question of life or death."

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Use of Lobelia in Spasmodic Diseases.

EDITOR MEDICAL WORLD:—I have been much interested in the articles in your valuable journal with reference to the use of lobelia. I have used it for many years and first hypodermically about five years ago, when I injected 30 minims into the arm of a 16-month-old babe that was almost strangled from membranous croup, and it was relaxt in less than thirty minutes, and recovered.

I have used it in spasmodic croup, giving from 30 to as high as 90 minims to children; only last week I gave a 6-year-old boy 90 minims in spasmodic croup and he was relaxt and asleep in thirty minutes. I have also used it to relax a stubborn os uteri in confinements; to relieve headaches and migraine when former treatments had been the hypodermic use of morphin; it will relieve asthma more quickly than any known drug; use it with confidence in eclampsia, infantil convulsions, spasms, hysteria, diphtheria, tetanus, apoplexy and ptomaine poisoning.

I first used the fluidextract (alcoholic), but of late years have used only the aqueous preparation known as "subculoyd."* The dose is from 20 minims to 2 drams and the medium dose may be repeated every thirty minutes to one hour until effectiv. Volumes have been written in the last few years regarding this drug when used hypodermically, and the many uses and efficiency of the remedy seem like the fairy tales told by some patent medicin fakir, but it is a dependable remedy for all the conditions above named.

CHARLES W. JESTER, M.D.

Lincoln, Neb.

Observations on the Treatment of Pneumonia.

EDITOR MEDICAL WORLD:—Your symposium on pneumonia in December WORLD, pages 492 to 496, is very good and contains some excellent practical suggestions. I feel inclined to write a few conclusions to which I have arrived, by observations, in an experience of thirty-two years in the practice of medicin in the Southwest.

The first patient I ever treated was a pneumonia case, and it promptly recovered. Of course, I thought I was some doctor; had *cured* a case of pneumonia! I did not know then, as I know now, that at least 90% or more of cases of pneumonia in this climate will get well without *curing*—that is, without any medicin. It is *a self-limited disease.*

For many years I read and watcht for formulas for its treatment and tried a great many of them, and my patients would get well. Sometimes a "very bad" case would get well under the administration of some mixture that had been recommended by some "big" man. Of course, I attributed the recovery to the good remedy, and prescribed it again for the next case of pneumonia, without regard to the indications—empirically.

After a while I slowly came to the conclusion that there was no treatment for *pneumonia,* but that in a good many cases the *patient* might be *treated* to good advantage, and adopted a conservativ course in the *management* of my cases.

In every case the system is full of toxins of some kind, which need to be *eliminated* thru various excreting channels. So the first thing I do is to clean out the alimentary tract and get the skin and kidneys working. I do this thoroly in the early stage by repeated doses of some activ cathartic—generally calomel and salts.

During the entire course of the disease I give sufficient anodynes to keep the patient from suffering pain, if it is a painful case; but if there is little or no pain I do not give an anodyne. Where one is needed I usually give a camphorated Dover powder.

I never use any poultices to the chest, as I regard them as being entirely without benefit, and only a nuisance in any case.

Sometimes I think some counter-irritation is needed, and then I resort to some application that will exert a constant effect and at the same time be as clean as possible. I never blister. I do not have any faith in kaolin applications or anything of that class.

I do not begin fooling with the heart or respiratory functions *until they need attention,* and in many cases that is not at all.

If the respiration becomes irregular or jerky; or the heart's action becomes irregular, weak or excessivly fast, I resort to heart and nerve tonics such as strychnin, digitalis, and strophanthus; one or all of them as indicated. I condemn the use of any of them as a *routine measure.*

If the heart and lungs do their work *fairly well, let them alone.*

I think that the ammonia preparations do good in a great many cases, given during

*We suppose this is made by Lloyd Bros., Cincinnati, Ohio.—ED.

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the stage of resolution. At least, it has seemed to me that they promote to some extent the process of resolution.

I generally give the muriate in decided doses when I give it at all. I am a crank on the subject of alcoholics, but *occasionally* (and only occasionally) in cases where the crisis comes suddenly and there is a threatened collapse, do I give then. But when I do give them I do so heroically, together with other tonics, stimulants and generally hot milk in abundance.

These stimulating and nourishing measures will often tide the patient over the crisis when he would otherwise very probably die.

In regard to the serums and phylacogens, I cannot speak; for I have had no experience with them; but am of the opinion that if there is anything pointing in the direction of a *specific* treatment, it lies in these remedies.

To sum up what I have said, you will see:

First, that I do not treat the disease, but do treat the patient, according to the indications.

Second, that this course of procedure does not admit of any *routine.*

Third, that very few cases die under this method of management.

D. C. SUMMERS, M.D.

Elm Springs, Ark.

Pneumonia.

EDITOR MEDICAL WORLD:—Much is written about pneumonia, and I want to "butt in" some.

First, will say that to consider it as a breakdown of the animal economy limited to the lungs, and circumscribed there only as a "garden patch fenced in," is an error which *I* have learnt in forty years of practise. I regard it as a condition of the system akin to erysipelas, and in the main, first and last, benefited by the liberal use of tincture of iron, say, 30 to 40 drop doses every 4 hours for a few doses, but keep giving it, and at first don't forget the circulation should be free and full.

Usually there is fever, with cold hands and feet, which demands a stimulant. I use equal parts of fld. ext. valerian, fld. ext. ginger, aqua ammoniæ, 15 to 20 drops every 30 minutes, in ½ cup hot water, till the circulation is free and full. And Dover powders come in all right to induce sweating. Give some all the time.

Don't give any heart sedativs at any time when there are cold hands and feet, it does not matter how high the fever is.

Always clean out the bowels good at first with 10 grains of mercury and chalk and half ounce or an ounce of castor oil. This is the only thing that will empty the small bowels of rotting, very offensiv, poisonous matter which of itself is enuf to kill a horse. Repeat the oil every few days. Do not rely on salts; they are a fraud and a delusion.

Give a few drops of turpentine regularly; it is a diuretic, antiseptic and heart stimulant; there is nothing better. In all cases give an antiseptic. There is none equal to borax. It is a good plan to wash out the colon with the largest size soft catheter. Use borax in the injection. Keep the entire bowel tract cleaned out.

Do not forget that every inch of lung tissue by engorgement puts more duty on the remainder, and the heart must work overtime; also the breathing. To reduce the fever, apply folded cloths out of tepid water over the bowels.

Do not give calomel. Do not kill your case with heart sedativs. Do not give whiskey. Do these things and you will win out.

DR. I. A. WESSON.

Wingo, Ky.

Distilled, Rain and Sea Water.—Onanism.

EDITOR MEDICAL WORLD:—There are a few matters not much discust in medical journals to which I would refer, hoping to elicit desired information.

Distilled Water as a Beverage.

In the first place, some of the health journals insist that one should drink distilled water exclusivly, because, they maintain, arteriosclerosis and some other chronic, progressiv diseases are due to the imbibition of mineral-bearing water. We should surely know whether this is true or not. If true, ignorance of the fact has already cost the human family, in premature deaths, sickness and suffering, enuf, and why would not rain water do as well as distilled water? And how long will rain water keep in a pure and wholesome condition?

Deep-Sea Water as a Remedy.

In the second place, wonderful healing and preserving virtue, we hear, reside in the water of the deep strata of the sea. If, indeed, deep-sea water will quickly cure neurasthenia and other chronic and intract-

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able diseases, such discovery is of incomputable value to the human family, and the fact cannot too quickly become known.

Oh, Ponce de Leon! Knowest thou that the elixir vitæ thou spentest thy halcyon days in search of hast been found away down in the lower strata of the restless old ocean? I would gladly send thee a wireless message across the unfathomable depths of the Great Divide that thou mightest rejoice with the present-day inhabitants of the erstwhile weeping old earth.

But can it be that the Great Architect of Nature, when constructing the earth, hid away in the deep recesses of the ocean a panacea for all human ills?

Some say man has been here "nosing around" a million years. But suppose he has not been here but six thousand years, as others believe, it has taken him from the date of his arrival to the present time to discover that thirty feet, more or less, beneath the pulsing bosom of the old ocean —nobody knows when—God had secreted the long sought and ardently hoped for catholicon, and that it consists largely of the excreta of the fishes and other cold-blooded animals of the ocean, plus a few thousand dead, putrefying whales, etc.

Oh, the long, long years, pregnant with events of great magnitude and meaning, and the grave of countless millions, since the great secret was lockt up in the capacious maw of the mystic old ocean.

The remedy precedes the disease. Happy provision.

Peering thru the mists of unborn time and foreseeing that man would do those things which would beget neurasthenia, plus kindred maladies, God stirred the waters of the "briny deep" with tribes of small and monster fishes that the medicin might be ready and abundant, when needed.

Seriously, Mr. Editor, if undistilled water is the cause of disease, suffering and death, and the deep water of the ocean possesses the healing and restoring virtue some are claiming for it, the time is thoroly ripe for the knowledge. Kindly tell us what you know about these things ere the speculators bottle the ocean and secure control of the clouds.

Effects of Onanism.

Before closing I would say a word relativ to an abominable and ruinous practise which, according to my experience, is becoming more and more prevalent. I refer to onanism. "Doctor, there is something wrong with my head; there is more or less confusion of my mind; I can't concentrate my mind on anything; my energy and interest in things are on the wane." Another complains: "I am nervous; I have a fullness and choking; I bloat after eating; my back aches; I quickly tire." These are some of the symptoms the onanists complain of, and the onanists are increasing at an appalling rate, especially in the country districts.

Recently I was called to see a man who was "down and out." Much of his time was spent on the couch; he had about given up trying to do anything. What was the trouble? Onanism. He had been practising *coitus interruptus* about eight years, because his "wife didn't want to have any more children." They had one. Dr. —'s wife had told this man's wife that that is what Dr. — does, but that premature withdrawal always makes the doctor sick at his stomach. Wasn't he a wise doctor? I knew Dr. — and know he was out of business in three years—"health failed."

The man aforementioned told me that during the eight years that he had pursued aforementioned practise he had consulted a number of doctors and had taken a great deal of medicin, but derived no benefit from the tonics and aphrodisiacs prescribed. Of course not. The preparations he took simply urged him to do more of that which was accomplishing his ruin; rushing him on to his doom. Not one of the doctors had told him what was undoing him.

Fruitland, Md. J. I. T. LONG, M.D.

[Ye Editor has had some experience with distilled water as a beverage. After overcoming the dislike for the flat taste it was found to be a very satisfactory beverage, giving the added satisfaction of security from bacteria. Some who have used it complain of dryness of the throat. We would be glad to have our readers' views on the subject.

Rain water is a very soft water and sometimes may be equal to distilled water, tho usually it is contaminated by bacteria, fungi, etc., which it carries down out of the air in its descent. A few days suffice to spoil such rain water.

The virtues of the sea water you mention consist of the mineral ingredients, sodium chlorid, iodin, etc. An artificial solution is superior to deep-sea water for medical purposes. The sea water, of course, must be sterilized by boiling before being used.

Your remarks on onanism are in accord

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with those of Dr. Wm. J. Robinson, in his book on "Sexual Impotence," reviewed in this issue.—ED.]

Electric Light Therapy.

EDITOR MEDICAL WORLD: — Probably only a small minority of the profession appreciate the remarkable therapeutic properties of the little 50 candlepower hand electric light lamp, inclosed in a parabolic reflector to concentrate the rays. Such a lamp may be obtained from almost any physicians' supply house. It is compact and easily portable in the surgical hand bag and is immediately ready for use when the plug, which is connected to it by a 12 or 15-foot cord of insulated wire, is screwed into any electric light socket in the doctor's office or the patient's bedroom.

Nearly always when the physician is hastily summoned to the sickroom, it is because of some acute pain or other activ manifestation of disturbance of some local function, and the patient expects prompt and efficient measures to be instituted for his relief. And here the little lamp may often be satisfactorily used to replace the hypodermic syringe, whiskey, strychnin, digitalis, hot poultices, massage, etc.

Heat may be applied at the highest endurable intensity in less than a minute by holding the lamp within 4 or 5 inches of the exposed skin over the painful area and then repeatedly withdrawing it or approaching nearer at intervals of a second or two. Thus is produced a local hyperemia with dilatation of the superficial capillaries, relieving the engorgement or congestion of the adjacent, irritable organ or tissue, with a stimulation of the environing nerve fibres and a consequent drawing off of the concentrated nervous energy from the overactiv neurons. It is well known that intense heat locally applied is at first stimulating, and then in milder prolonged applications soothing, and it is by reason of the ready applicability of these qualities that the lamp is so efficient.

I will now recount some of the conditions in which I have found this simple measure all that was required.

Acute Diseases.

In *headache* not due to toxemia or fever, applied for ten or fifteen minutes over the aching nerves it produces a soothing effect, followed by a desire to sleep. If the pain is in the occipital region or top of head, the *back of the neck* is the spot where the heat should be concentrated. In earache with or without threatened abscess it should be used for a long period over the lobe of the ear and the mastoid. This will often give prompt relief and abort the abscess. Metabolism is increast and the effusions in the middle ear absorbed by repeated treatments. Even if the tympanum has been ruptured and suppuration establisht, the cure is hastened and the sensitivness relieved. Facial or other neuralgias, toothache and alveolar abscesses may also be abbreviated. *Colds* and *sore throats* are aborted. Intercostal neuralgias, neuritis or sensitiv points along or near the spine are quickly relieved, and, by repeated applications, cured. Laryngeal or bronchial *coughs* and attacks of *asthma* respond favorably to this treatment.

Irregular *heart* action, palpitation, angina pectoris, heart failure, faintness or collapse are promptly overcome by the nervous energy aroused by a sharp, strong application of the intense heat to the precordium, epigastrium and the spine between the shoulder blades.

Nausea, vomiting, epigastric distress and gastralgia yield to the revulsiv effects of the heat more surely and promptly than to a mustard plaster over the stomach or other counter-irritant. In gallstone or renal colic the spasm of the ducts is relaxt by the dilatation of the engorged veins and capillaries, and the sedativ effects of the heat aid in promptly cutting short the attack. At the outset of a threatened *appendicitis* the development may often be aborted by the relief of the local engorgement and by the activ metabolism induced.

Ovarian pains at the monthly periods of women are greatly relieved. Excessiv *nervousness*, restlessness and insomnia yield quickly to applications up and down the whole length of the spine. These instances are enuf to suggest others where it may be advantageously employed in emergencies and in acute temporary disorders.

Chronic Diseases.

In some of the more chronic ailments this little lamp also has its advantages. In persistent *rheumatism*, *arthritis*, effusions into the joints, etc., prolonged treatments, repeated two or three times a day, will promote the absorption and resolution of the morbid elements, give comfort and hasten the cure.

Where an organ or certain localized tissues are chronically congested and atrophic

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changes are taking place, as in corneal ulcerations or opacities of the *eye* and in developing cataract, its stimulating properties improve the capillary and arterial flow and so tend to promote the regeneration of the sluggish living cells, check the progress of the disease and promote its cure. This revivifying property is especially markt in the rapid healing of old, obstinate ulcerations or abscesses of the legs or elsewhere.

Likewise in eczemas, acne, and other skin diseases due to imperfect nutrition, a healthy reaction is establisht, with often rapid disappearance of the eruption and irritation.

This is only a partial, but suggestiv, list of some of the many uses to which this handy little appliance may be put, where the more clumsy and expensiv higher power non-transportable lamps would be at a disadvantage. Its cheapness, only $5 or $6, without the colored globes which are unessential, its easy portability and simplicity of manipulation should make it a favorit in the armamentarium of the physician, both in outside as well as office practise.

H. H. SEELYE, A.M., M.D.

Daytona, Fla.

Good Financing.—Tonsillitis.—Dandruff.

EDITOR MEDICAL WORLD:—Inclosed find bank draft for subscription to date. I enjoy reading each issue of THE MEDICAL WORLD very much, and I want you to keep up your financial talks to us. They save thousands of dollars from the sharpers each year. Your warning helped me to save $500 from being wasted with Rhodus Brothers' insurance game. That money, together with some more, is now drawing 6% in farm mortgages. Thanks to you, Dr. Taylor.

I have been greatly surprised that THE WORLD did not, so far as I know, until a little over a year ago mention building and loan associations as fine opportunities for doctors' money. Our associations pay annually from 8% to 10% and afford the easiest way for accumulating money that I know of for physicians. My first $300 was saved in this way and served as the nucleus for my office building. With it I bought the lot and borrowed enuf more to finish paying for the lot. Then I obtained a loan and built the building, which has several office rooms and fine basement barber shop. I have continued to buy loan stock. I am now paying on nearly 100 shares. That little $50 per month goes right to work at 8%, and the nice thing of it is that it is a demand loan. You can get your money any old time you want it. Where can a physician who is, or should be, collecting some money all the time beat this for investing his savings?

But, Mr. Editor, I did not start to talk finance except to urge you to keep up your line of talk on that subject. It is fine and we want more of it.

Pleasant Gargle for Tonsillitis.

What I started in to do was to laugh—to laugh at one or two perennial ℞s that we see appearing in THE WORLD and in other medical journals. Here, for instance, are two:

The first is a gargle for tonsillitis: Tinct. iron, salicylate of sodium, glycerin, potassium iodid and water, q. s. Well, I grant you the efficacy of the mess, all right, but Ugh! Good Lord! Enuf to puke a dog!

Turn to your shelves, doctor, and put this up:

℞ Tinct. iodi.....*m* x
Acidi carbolici.....*m* x
Potassii chloratis.....gr. xxx
Sodii chloridi.....gr. xv
Glycerini.....℥ ij
Carmine tablet to color
Aquæ q. s. ad.....℥ viij
M. Sig.: Gargle every 15 to 30 minutes.

Try this now, doctor, on yourself, and you will find it both effectiv and pleasant. Your patient will *use* this and it will do her good.

Seborrheic Eczema (Dandruff).

Now the second, for seborrheic eczema, or dandruff. The ℞s usually given have their proportion of sugar of lead, *et al.*, and wind up by telling you to include an *ounce* of castor oil, or maybe an *ounce* of glycerin for 8-ounce mixture! Just wait until the alcohol used to cut this has evaporated from your hair and what have you got? Sticky, nasty, matted mess. They are fools if they get the second bottle. Now try this:

℞ Resorcin..... 2 drams
Bichlorid of mercury..... 8 grains
Grain alcohol..... 2 ounces
Essence of bay laurel..... 5 drops
Glycerin.....10 drops
Water to make 8 fluid ounces

Try it. I will guarantee the result. And the satisfaction will be yours and your patient will be a repeater.

Shelbyville, Ill. A. G. MIZELL.

DEAR DR. TAYLOR:—Inclosed find subscription. Past year was not very encouraging in this part of Kansas. But I have practised twenty years "a la Taylor," so I did not have to worry if it did not rain. Your doctrines are sound; so do not waver in their promulgation.

Plevna, Kan. J. DAVIS HORTON, M.D.

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Radium for Tic Douloureux.—Grindelia for Asthma.

EDITOR MEDICAL WORLD:—I recently had a case of tic douloureux, and very severe at that. Patient was a female aged 39. Has had two children. She has always been in the best of health except floating kidney about seven years ago. She was operated for tic and the nerve ends injected with osmic acid with good results for one year, when it returned with all its old-time vigor. I used a radium pad obtained thru Dr. Stillman Bailey, of Chicago. She began to get an improvement in about three weeks and the pain gradually disappeared. The cold air always seemed to aggravate the condition more than anything else. This fall she rode in an automobile from Chicago to Washington, Iowa, 253 miles, against a strong cold wind, which caused no pain at all and for several months has seemed to be entirely cured.

Another case I wish to report is asthma, and I myself am the patient. On one side of my ancestry I have more asthmatic ancestors than anyone could imagine. I was told by Dr. H. V. Halbert, of Chicago, to take grindelia robusta in 10-drop doses, which I did for about eight months, and I have not had a return of the condition for about five years.

JAMES E. EDGINGTON, M.D.
Washington, Iowa.

Veiled Syphilis.

DEAR DR. TAYLOR:—The following cases may be of interest to THE WORLD readers:

Case 1.—Miss G., teacher, 45 years old, had consulted her oculist, who informed her that she had retinal hemorrhages and treated her accordingly. Her blood pressure was 290 during the time the oculist treated her, which was about two months, in spite of the fact that he used nitroglycerin, nitrites, potassium iodid and diet. The hemorrhages disappeared, so that she was able to resume teaching.

In March, 1913, the oculist referred her to me. A physical examination revealed an enlarged joint at left knee, scars from corneal ulcers, and arteriosclerosis; urin showed an interstitial nephritis. Appetite and bowels normal. The knee had been enlarged since she could remember, and had been treated as a tubercular joint by different well-known physicians of Boston. I did not wish to embarrass her by inquiring into her genito-urinary history, so I questioned her brother, who informed me the family history was negativ, but that his sister had been vaccinated when three months old from the arm of another person outside the family. The corneal ulcers appearing seven months later. No typical history of syphilis (rash, etc.) appeared.

Her blood pressure was 290 on her first visit to me, so I drew off eight ounces of blood from the basilic vein, allowing about an ounce to collect in a steril testtube for a Wassermann, *which proved positiv.* Her blood pressure fell to 250 after withdrawal of blood. I gave her neosalvarsan in buttocks after attempting to give it in both the anterior ulnar and basilic veins of both arms—her veins were small and not prominent—but I learned later that my needle was at fault also.

She received another injection of neosalvarsan in a vein in one month from first dose—would have given it sooner but she was suffering from a nice little "tennis ball" in her glutei from her former injection. This time a new needle (and larger) worked well.

Another Wassermann was positiv three weeks after second dose; a third injection was given and we got a negativ Wassermann two months later.

Her blood pressure went as low as 180 under protiodid of mercury, 1/3 grain t.i.d., thyroid extract 5 grains t.i.d, and diet, but in six months' time from initial dose of neosalvarsan her blood pressure has climbed to 210 and remains stationary. Her nephritis has improved, but no doubt that and the arteriosclerosis are what keep up the pressure.

At present she is in good health (for her) with the exception of another retinal hemorrhage, which has compelled her to discontinue teaching for a few months. I am trying sajodin tablets 8 grains, but have noticed no improvement in blood pressure after a month's trial.

Case 2.—Frank F., retired, age 55. August, 1912, injured calf of right leg. An abscess formed, broke spontaneously and finally formed an ulcer, as he had no medical treatment. This ulcer grew slowly larger until he sought medical advice, which was: "Wash it with mercuric iodid soap twice a day and I guess it will get better." He did this for three months with no improvement. I was called in, and on looking at the ulcer askt him if he ever had syphilis. "What has that got to do with it?" he askt. He finally admitted it, thirty-five years ago. His blood proved strongly positiv in the Wassermann test.

He was given neosalvarsan intravenously and he suffered agony, with vomiting and diarrhea for about six hours from the reaction. He was given protiodid 1/3 grain t.i.d. and the ulcer dresst every day, using a powder dusted on ulcer (the powder contains acetanilid and thymol iodid). In one month's time the ulcer was entirely healed, altho he refused further treatment with neosalvarsan or allow blood for a Wassermann.

While it is often embarrassing to elicit a history of syphilis, yet it is essential to know it, as these cases have proved.

The "Don'ts for Doctors" should prove effectiv finally, for you are so persistent, Doctor Taylor. Fortunately I do not *need* them, but *read* them. I inclose check for subscription. W. B. BANNERMAN.

East Bridgewater, Mass.

[The Doctor's communication shows the great value of modern methods in diagnosis. His cases would probably not have been diagnosed, or certainly could not have been as reliably diagnosed, without a sphyg-

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momanometer, uninalysis — chemical and microscopic, and Wassermann test. The former methods of diagnosis were woefully inadequate, and profession and laity alike are fortunate in having these additional means available. In other cases a blood counting apparatus is requisit.—ED.]

Treatment for Dr. Miller.—Hysteria.

EDITOR MEDICAL WORLD:—In regard to Dr. Miller (January, 1914, WORLD, page 32). Hysteria imitates almost any disease. His trouble, in my opinion, is entirely neurotic, for (1) the trouble begins "after losing sleep, worry"; (2) "I would quit breathing and my heart *seemed* to stop." Mark you, after his heart and breathing stopt, by his will, he got up, forced his breathing, and exerted himself. (3) "My left lung *seemed* to close up." (4) He lookt well, for his medical friends saw him and left without advising. (5) I have had several identical cases.

Treatment.

1. Because he thinks and worries much about himself is why there is gas (?). Quit it. Many things are of more importance than ourselves; think of them.

2. A cold plunge or a splash of cold water alternately on back and chest, on rising, in a warm room, and brisk rubbing with a coarse towel to redness is invigorating. Follow by light dumbbell exercise and reasonable exercise in fresh air.

3. Plain, nutritious food eaten only when hungry at meal time, with an abundance of water or milk at or after meals. No alcohol, little or no tobacco. Quit tea and coffee. Still, remember there is no catarrh of stomach or bowels.

4. Tonics may be needed, but not for long.

5. If after worry gas commences, place 15 grains of chloral hydrate in one glass of water and take sips every five minutes, or use tincture of valerian in 1/10 doses in water. The continued objectionable taste will soon lessen the gas (?) or if the taste be not objectionable, the drug will be sedativ enuf; or do objectionable things, as swallowing the stomach tube. Keep the outer end of the tube in water and watch for gas bubbles. They are a myth or semi-myth—they only *seem*.

6. Do not let wife, children or friends sympathize—send them away, a "rest" cure would cure, but he can and should cure himself. Be genial, studious, always busy and think only of others and he will be well and in conquering self will bless others.

J. MCLELLAN, M.D.

Caistorville, Ont., Can.

Wants to Keep Negro Physicians Down!

Dr. C. F. Taylor, Ed. of The Med. World.

DEAR SIR:—What is the negro physician doing as a whole through out the country as a physician and surgeon? What are they doing financialy? How do they compare with the white aplicants in State examinations through out the country? I notice in some places they seams to be makeing more money then the white physicians. What is the best thing we can do to keep him down? Please let me here from you in the nex No. of the WORLD

Yours Truly, —. —. ———.

[The above comes from a southern state, but we venture the opinion that it does not voice the sentiment of southern medical men. We print the above letter exactly as received. It does not show high literary attainments. In some states there are Negro state medical associations, and there is a "National Medical Association," composed of Negro physicians, and this National Association publishes a very creditable journal at 1303 Church St., Nashville, Tenn. It is entirely proper that there should be Negro physicians, educated to care for their race. We understand that they are making very commendable progress. We congratulate them, and bid them godsped. If we have any Negro subscribers, and we suppose we have, we invite them to give a more full reply to the above letter than we can do offhand—for example, statistics concerning numbers, the degree of prosperity which they achieve, what record they have made before state examining boards, etc.—ED.]

Dog Bite and Its Prevention.

EDITOR MEDICAL WORLD:—Mr. H. was bitten by his dog, who, in trying to jump over a wire fence, was caught by one of his hind legs and suspended. In attempting to extricate the dog, which was suffering great agony, Mr. H. was bitten entirely across the back of his left hand, leaving a wound down to the bones and about one-half inch wide.

I toucht this wound with pure carbolic acid and followed at once with alcohol freely, then finisht with iodoformal, a

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small amount of gauze and adhesiv plaster. On top of this I placed cotton and bandage.

This happened on Christmas Day and I examined the wound on the following Sunday and found just a little inflammation at one point about the size of a nickel, and applied spirits of camphor to this part, but did not remove the plaster until January 5th. The wound was then almost healed.

If any of the brothers should get their dog fast in the fence and he is suffering severely, give him something to bite upon until you can get him loose, for it does not matter how kind he is, it is natural for him to bite when suffering severe pain. This dog had his leg broken and so badly mangled that the owner had him killed before coming to have his hand drest.

Devon, Kan. D. W. SHEELER, M.D.

Benedict's Reagent for Sugar.

EDITOR MEDICAL WORLD:—Since I have never seen Benedict's formula for making solution, which is the easiest to use and is said to be ten times as delicate as Fehling's or Haines' tests for sugar in urin, and since most all life insurance companies require the sugar test, I herewith send the formula, which I first saw in some German publication. It is easy to make and will keep and is cheap:

Benedict's Qualitativ Sugar Reagent.

℞ Cupri sulfate (c.p.)..... 17.3
Sodium citrate (c.p.)..... 173.0
Sodium carbonate, cryst. (c.p.). 200.0
Aquæ destil.....1000.0

Put 80 drops of solution in small testtube and add 8 to 10 drops of suspected urin (no more). Boil one to two minutes. Let cool off. If sugar be present, a red, yellow or greenish precipitate will form. If no sugar be present, the solution remains clear or shows only a blue cloudiness.

For convenience I made the following—that is, one-fourth the quantity—and it works well:

℞ Sulfate of copper (c.p.).....℥j gr. v
Citrate of soda (c.p.).....℥j ℥iij
Carbonate of soda (c.p.)....℥j ss gr. xxx
Aquæ dest.....f ℥viij

Will not show kreatinin, uric acid, chloroform, aldehyde or only to a minimum, which Fehling's or Haines' will not do.

B. J. FEHRENKAMP, M.D.

Frelsburg, Texas.

IDEALIST—I shall leave footprints on the sands of time.
PRACTICAL PERSON—What for? Nobody will want to go 'round looking for footprints. What we want to do for posterity is to help build some good roads.—*Evening Bulletin.*

Knotted Umbilical Cord Causing Death of Fetus.

EDITOR MEDICAL WORLD:—Reading article of Dr. Nixon, of Toronto, Canada, on knotted umbilical cords and stillbirths prompts me in writing this. In eighteen months of practise I have observed such a case as his last one.

I was called in and told that quickening had been absent for nearly a week and was askt to deliver child, as pain was present. On close examination I found no dilatation and considered pains as false. I instituted sedativ treatment, such as viburnum and deodorized tincture opium, which allayed pain.

In about one week I was summoned about 3 o'clock in morning to patient, who was in labor. When I arrived I found child delivered by breach, except head, which I very quickly delivered after reaching same. I found child dead with very putrid odor, with detacht cuticle in many places, with knot in umbilical cord and cord about twelve inches long. The placenta came detacht and was putrid.

I consider patient as fortunate, for if the child had come to full term there would have been difficulty in delivering it, as placenta would have become detacht, owing to short cord, and considerable hemorrhage would have taken place.

Furman, S. C. DR. G. TUTEN.

Another Knotted Umbilical Cord.

EDITOR MEDICAL WORLD:—Reading Dr. A. Nixon's report of his case of knotted umbilical cord in the January WORLD, page 25, it brought back to my memory a similar case occurring many years ago in Iowa. The patient was delivered of a strong boy baby after several hours of normal labor pains.

When the head was born I noticed the face to be almost black. I hurried the delivery, cut the cord and after performing artificial respiration for about twenty to thirty minutes I succeeded in bringing the baby back to life.

On examining the placenta I found a knot about in the middle of the cord pulled very tight. The baby during his early fetal life performed gymnastic exercises, made a somersault, produced a loop and during labor this loop was pulled into a tight knot and almost asphyxiated the baby. B. ERP-BROCKHAUSEN, M.D.

Freeport, Ill.

Double-Headed Monstrosity.

EDITOR MEDICAL WORLD:—I wish to report a case that may be interesting to the medical fraternity. It was a small child of 6½ months' gestation. There were two distinct heads, two necks well developt in every respect for 6½ months' gestation. The second head and neck were situated midway between the point of the shoulder and the neck of the main head and was well united. The main neck and head were somewhat larger than the second. The two arms and legs were well developt for the period of gestation.

I delivered the mother with instruments with difficulty. I brought down the main head and pusht the smaller one back and applied my forceps. The mother made an eventful recovery.

I am sorry I did not take a photograf of it.

Memphis, Texas. J. Q. DURHAM.

I regard THE MEDICAL WORLD in the front rank of medical journals for the general practicians.
Amherst, Maine. L. A. EDGERLY, M.D., PH.D.

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Railroad Sanitation.

EDITOR MEDICAL WORLD:—During these twentieth century days we hear much regarding the germ theory, eugenics and hygiene. Every member of the profession, from the oldest practician down to the youngest medical student, is on his guard to give the good word to the millions of laymen that "one ounce of prevention is worth a pound of cure." While riding on one of the Rutland Railroad trains on December 22d last I was surprised to notice the individual drinking cups. I sat half dazed and thought of the good example the railroad, as a public carrier, was extending to their employees and the lay public.

Everything was hygienic and sanitary from Burlington, until, at last, the train stopt at a small Vermont station. There a benevolent-looking gentleman, employee of the railroad, appeared in one of the day coaches, donned in overalls and showing the wrinkles and callosities of worry and hard work. His hands were arrayed with the dirt and dust of honest toil.

It seemed to the writer, who is a medical student, that his mission in the car was to ascertain, approximately at least, how much water was in the tank. He rolled his sleeve up and thrust his dirty, soiled, germ-laden hand and forearm into the tank, and then eagerly gazed at the "high-water mark" upon his forearm.

The thing that most amused me was how painstaking the railroad company was in placing individual drinking cups in the cars and how painstaking the employee was to contaminate the water. Instructions should be given to the employees of these large companies who should better safeguard the many lives in their care.

Framingham, Mass. WILLIAM B. BURNS.

Chiropractic.

EDITOR MEDICAL WORLD:—"Reader" in December issue asks about "chiropractics." This cult was founded by B. J. Palmer, of Burlington, Iowa. I inclose a card with some of his literature on it. The foundation stone of their profession is "*All disease is caused by impingement of* (undue pressure upon) *spinal nerves as they leave the spinal canal*"! They treat by placing a finger over the nerve and percussing with the fingers of the other hand. Very simple and "easy to take." No hard work like osteopathy. The foundation of their faith, above referred to, is so ludicrous as not to be worth a moment's discussion. They do not practise surgery, obstetrics or give medicin, and so may not be amenable to state laws. Just read their "corner stone" over again and then *think* for a few minutes. IOWA.

[In several issues of THE MEDICAL WORLD in 1912 we printed articles on the subject of chiropractic. See May, 1912, WORLD, page 202; July, 1912, page 295; September, 1912, pages 395 to 399.—ED.]

Double Vaccinations Not Necessarily Harmful.

EDITOR MEDICAL WORLD:—In the current issue of your magazine there appears under the department "Medical Month," page 12, a news note in which it is stated "That antityphoid fever vaccination should not too soon be followed by antivariola vaccination is *proved* by the experience of William R. Shepherd, professor of history at Columbia University, and his wife," etc. As to following antityphoid vaccination with antismallpox vaccination, I have to state that recently I vaccinated 22 healthy adults with typhoid vaccine; 7 of these cases were vaccinated against smallpox within a week before the last dose of typhoid vaccine had been given, and the other 15 cases were vaccinated against smallpox just six days after the last dose of typhoid vaccine was injected.

In each case a "take" was gotten from the anti-smallpox vaccination with only the usual local and general clinical manifestations. In none of the above series of vaccinations did serious symptoms of any kind appear, nor were any of these patients detained from their usual occupations. So in view of this experience it would appear to me that the unfortunate illness of Professor Shepherd and his wife cannot be taken as proof conclusiv of bad results of following typhoid vaccination too soon by vaccination against smallpox. HARRY W. KEATLEY, M.D.

Huntington, W. Va.

Has Anybody Used the Double Sulfid?

EDITOR MEDICAL WORLD:—Having been a subscriber to THE WORLD for a good many years and having confidence in your judgment and in the opinions of many of your contributors, I want to ask your opinion of the double sulfid of calcium and magnesium as a therapeutic agent. It is said to consist of dolomite lime, 4 parts; magnesium sulfate, 1 part; sugar, ½ part; sulfurated. I never see it mentioned in the eight or ten medical periodicals that I regularly receive. Dr. Burgess, of Chattanooga, Tenn., is, or was, a warm advocate of its virtues and I have had some most excellent results from the use of it. Pusht to saturation in acute gonorrhea, it is the best agent I have ever used. As an appetizer it is one of the best I know, and I am anxious to know what others think of it.

Is it superior to calcium sulfid or will calcium sulfid do all that the "double sulfid" can do? Sulfid of calcium has never acted so kindly or effectivly for me.

Is it used to any extent by the profession?

If it is much used, why is it not put on the market by the different manufacturing chemists? That it is a preparation of some value I feel sure. Will thank you or any of your readers to give an opinion on this drug.

Steeles Tavern, Va. W. H. THOMAS.

What is Being Done for Dipsomaniacs?

EDITOR MEDICAL WORLD:—I am interested in the efforts being made to help dipsomaniacs with a view, of course, of eventually advocating the adoption of some measure for our own state of New Jersey. I would very much appreciate it if any of the family seeing this item and knowing any facts concerning the handling of such cases in their own state, would write me direct, giving the essential facts relating to the management of such cases, by the state, county or municipality. For instance, compulsory treatment, by commitment by the county authorities, has just been introduced in Indianapolis and Wayne County, Mich., and it is information along such lines that the writer wishes and would be very thankful for. Who will be the first to "come across"? L. E. DAVIES.

Matawan, N. J.

[After receiving the replies the Doctor could compile a summary for publication in THE WORLD.—ED.]

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National Laws vs. Local Restrictions.

EDITOR MEDICAL WORLD:—Inclosed please find a clipping from an automobile journal. Why will such laws apply to automobile drivers' licenses and not to the practise of medicin?

Holmdel, N. J. C. A. PALMER, M.D.

Had to Come From Georgia.

As a long-delayed but nevertheless a welcome, recognition of the present unjust methods of applying the local option law to interstate commerce, is the well-timed and perfectly fair measure introduced in Congress by Congressman William P. Adamson, chairman of the Committee on Interstate and Foreign Commerce, wherein it is stated:

"No person who shall have qualified by complying with the laws and regulations of the state, territory or district of his residence to use and operate such vehicle or vehicles (self-propelled) shall be required in any other state or territory or district into which he may go for business or pleasure to make any additional registration or take out any additional license in order to use or operate any such machine."

It seems strange that this measure should have wasted all these years for its introduction and that in the end it should come from Georgia. Why and wherefore have the representatives from, say Michigan for example, been so unusually silent? Was it lack of mental ability or just the universal apathy which seems to take possession of the average congressman where anything but park-traveling and such like measures are concerned?

Camphor for Papilloma.

EDITOR MEDICAL WORLD:—Para camphor is a very remarkable remedy sometimes. While it is recommended for nearly everything, it acts quite different on some things.

When applied to a papilloma it will cause it to ulcerate or break down. When level with the surrounding skin stop using it, and heal with a few applications of petrolatum. The mixture of synthetic oil of wintergreen and all the gum camphor it will dissolve makes what appears to be the same thing. D. A. SARGENT, M.D.

Hopkins, Mo.

Handy Light.

EDITOR MEDICAL WORLD:—Carry a *good* electric flash light in your pocket or grip and have some one hold it when you pack a vagina or uterus or a nose, or examin an ear, or sew a perineum or any other cut or laceration, or lance a tonsil. It has a multitude of other uses. Also carry an extra battery in your grip so you can refill if you find your light poor just when you need it most. It will save you many a stumble, too, when out at night.

Rockwell, Iowa. F. A. COGSWELL, M.D.

[We wrote a note about handy and inexpensiv electric lights in April, 1913, WORLD.—ED.]

Abortiv Treatment of Shingles.

EDITOR MEDICAL WORLD:—In several cases I have seen good results by using a cerate-of-cantharides plaster size of a quarter-dollar applied over the painful point at exit of intercostal nerve from vertebra.

If applied early, it will abort that troublesome affliction. ELMER A. HUDSON.

Carlisle, Pa.

EDITOR MEDICAL WORLD:—Your journal gives very valuable advice on medical and surgical cases, in regard to our business success. Your "Monthly Talk" promotes progressiv and wise politics, tho I am a Canadian judge, and your "Automobile Talks" are needed and "caps the stack," as farmers say. THE WORLD brightens, educates and broadens us as physicians and citizens. In my opinion, no other journal is quite so good. The editor is one of us; gives plain, decisiv methods of treating, cheerfully acknowledges an error when pointed out, tho they are very rare. J. MCLELLAN, M.D.

Caistorville, Can.

The Country Doctor.

Day in, day out, night out, night in,
Where snow is thick and fees are thin,
He hustles with his cheery grin
To fight with ills.
The drives are long, the nights are cold,
He suffers hardships left untold
To call upon some mother old
Across the hills.

Little he says about his pay;
Often he gives his skill away,
And tho he's getting bent and gray
He has no wealth.
His life has been an endless trial,
His motto has been self-denial;
Freely he gives from every vial
For some one's health.

The gallant soldier goes away
While fife and drum and bugle play
Bravely to conquer or to slay—
That is his part.
The country doctor rides alone
Thru rugged roads, o'er stick and stone,
To heal men, not to make them moan;
God bless his heart!

—WILLIAM F. KIRK, in *New York Evening Journal.*

Dieting.

When ailments thru your system buzz, and aches are running riot, the first thing that the doctor does has reference to your diet. He asks you what you like to eat, his face all stern and wooden; you tell him fish and fowl and meat, and pie and cake and puddin'. "Cut out all that," you hear him say; "no wonder that you totter! You'll eat a bran mash every day, and nothing drink but water." No matter what my trouble is, when I go to the sawbones, he hands me out the same old biz from grim, unyielding jawbones. "Cut out the pie, cut out the cake," I always hear him mutter, "if you would shed your pesky ache, cut out the cheese and butter." I diet for the jumping gout, I diet for lumbago; I have to cut the good things out, and live on rice and sago! I'm fond of grub that's good and rich, that in the stomach tingles; but I must diet for the itch, and diet for the shingles. I'm living now on horse's fare (that's why I weep the briny), attempting to restore some hair to my old scalp so shiny. I wonder why the blooming docs don't change their medication? They now accept a patient's rocks and then prescribe starvation.—WALT MASON, in Phila. *Evening Bulletin.*

When I Have Time.

When I have time, so many things I'll do
To make life happier and more fair
For those whose lives are crowded now with care;
I'll help to lift them from their low despair
When I have time.

When I have time, the friend I love so well
Shall know no more these weary toiling days;
I'll lead her feet in sunny, pleasant ways,
And cheer her heart with words of sweetest praise,
When I have time.

Now is the time! Ah, friend, no longer wait
To scatter loving smiles and words of cheer
To those around, whose lives are now so dear;
They may not need you in the coming year.
Now is the time!

—*Baptist Young People.*

C. F. Taylor, M.D.

DEAR SIR AND BROTHER PHYSICIAN:—Permit me to take the opportunity which this season of the year offers to express my appreciation of the very satisfactory journal you are giving us. Assuring you that it is highly valued, and trusting that our pleasant relations may continue, I wish you the compliments of the season.

Very respectfully yours, F. D. SMITH, M.D.
President The Peoples Savings Bank,
Coopersville, Mich.

DEAR DR. TAYLOR:—We want to swell your bank account $6. Please move our subscription up as per your offer. We have had a prosperous year. Rather like a Democratic administration. May you live long and keep sending THE WORLD. Can't do without it and practise medicin. M. L. MORGAN,
Honoraville, Ala. C. W. SHEPPARD.

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THE PRESCRIPTION PAGE.

Cough in Infancy.

No. 1.—Before there is any mucous secretion:

℞ Potassii citratis.....gr. iij
Ammonii iodidi.....gr. j
Vini ipecacuanhæ.....*m* ij
Tincturæ camphoræ compositæ..*m* iij
Syrupi aurantii.....*m* x
Aquæ.....q. s. ad ℥ j

No. 2.—When the secretion is free:

℞ Ammonii carbonatis.....*m* j
Oxymellis scillæ.....*m* v
Vini ipecacuanhæ.....*m* ij
Syrupi tolutani.....*m* vj
Aquæ.....q. s. ad ℥ j

No. 3.—When the secretion has become mucopurulent:

℞ Ammonii carbonatis.....gr. j
Terebeni.....*m* ij
Syrupi tolutani.....*m* v
Pulveris acaciæ.....gr. ij
Aquæ.....q. s. ad ℥ j

—*Critic and Guide.*

Bronchitis in Children.

℞ Tr. opii camphoratæ.....℥ j
Syr. ipecacuanhæ.....*m* xxxij
Syr. tolutani.....℥ ij

M. Sig.:—Teaspoonful every three hours.—*Medical Sentinel.*

Pharyngeal Cough.

℞ Betanaphtholis.....gr. iij
Sodii boratis.....℥ ss
Aquæ menthæ piperitæ....f ℥ vij
Aquæ.....q. s. ad f ℥ xxxv

M. et fiat gargarisma.

If any inflammatory condition is present, the pharynx should be swabbed with the following:

℞ Cocainæ hydrochloridi.....gr. ij
Resorcinolis.....gr. xv
Glycerini.....f ℥ j

M. et fiat collutorium.—A. ROBIN, in *Merck's Archives.*

Atrophic Rhinitis.

The following formula is used in atrophic rhinitis:

℞ Red iodid of mercury.....15 grains
Potassium iodid.....34 grains
Distilled water.....3 1/3 ounces

M. Sig.:—Poison; use only in spray; do not swallow.—DOUGLAS MACFARLAN, in *Journal of Ophthalmology, Otology, and Laryngology.*

Gastric Pain.

Following combination recommended:

℞ Sodii bicarbonatis.....gr. xij
Magnesii ponderosi.....gr. iv
Pulveris belladonnæ foliorum...gr. 1/6

Where pain in association with gastric motor insufficiency, two of above powders should be taken an hour and a half-hour before, and again a half-hour and an hour after, each meal. Where delayed evacuation is due to pyloric spasm produced or kept up by hypersecretion, the powders should be taken during whole digestiv process, beginning an hour after meals and continuing at intervals of an hour and a half until next meal.—BINET, in *Monthly Cyclopedia and Med. Bull.*

Inhalations for Chronic Bronchitis.

Place in six or eight different parts of the patient's room pieces of blotting paper which have absorbed 2 to 3 drops of the following mixture:

℞ Menthol
Eucalyptol, of each.....gr. iv
Oil of turpentine
Oil of juniper, of each.....*m* v

The patient can thus inhale the activ principle without fatigue and for a continuous time.—BULLING, in *Medical Tribune.*

Treatment of Fissured Hands.

Brocq, in *Nouveaux remèdes,* is credited with the following combination, a few drops of which are to be well rubbed over the hands morning and evening:

℞ Aquæ rosæ.....℥ iiiss
Glycerini neutralis.....℥ j
Acidi tannici.....gr. viiss
Misce.

Before retiring there should be applied to the affected parts either pure hydrous wool-fat or one of the following preparations:

1. ℞ Vanillini.....gr. viiss
Olei rosæ.....gtt. j
Adipis lanæ hydrosi.....gr. lxxv
M. et ft. unguentum.

2. ℞ Mentholis.....gr. xxij
Phenylis salicylatis.....gr. xxx
Olei olivæ.....℥ iiss
Adipis lanæ hydrosi.....℥ iss
M. et ft. unguentum.

Chapt Hands.

℞ Mentholis pulveris.....gr. xv
Phenylis salicylatis.....gr. xxx
Olei olivæ.....f ℥ iij
Adipis lanæ hydrosi.....℥ iss
M. et ft. ung.—*Merck's Archives.*

Acute Myocardial Disease.

Sevestre, in *Paris médical,* is credited with the following combination, to be administered to children in whom the heart action becomes feeble or actual collapse supervenes in the course of infections such as diphtheria, typhoid fever, etc.:

℞ Caffeinæ
Sodii benzoatis āā.....gr. xxv
Spiritus sacchari.....℥ iiss
Syrupi tolutani.....℥ iss
Aquæ distillatæ.....℥ ij
M. Sig.:—One tablespoonful twice a day.—*New York Med. Jour.*

Treatment of Itching in the Presence of Jaundice.

L. Aldor, in *Nouveaux remèdes,* recommends the following lotion, to be employed for the purpose mentioned:

℞ Resorcinolis
Mentholis āā.....gr. xv
Hydrargyri chloridi corrosivi...gr. iij
Glycerini.....*m* lxxv
Aquæ cologniensis.....℥ iij
Alcoholis.....℥ xv
M. et ft. solutio.
Sig.:—To be used as a wash.

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultation. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Training Nurses in Small Towns.

EDITOR MEDICAL WORLD:—What can you tell me of those training schools for nurses where they teach by mail? I have one or two friends here who want to take courses in nursing, but cannot well go to training school. What about the National School of Nursing of Elmira, N. Y.? Are any of the schools teaching by mail any good? If so, what one? DR. H. L. COLEMAN.

Farragut, Iowa.

[We think your friends could profit very much by a correspondence course in nursing if aided by good books and done under your own supervision. This we have advocated in our columns. There are many good books on nursing which your friends could make good use of. We have no personal knowledge of expert nurses from these schools, but if the course is taken under the tutelage of a physician it should be satisfactory. A list of books was printed in January WORLD, 1913, pages 3 and 4. By studying the books under the supervision of a physician a correspondence course should be unnecessary, and this would be a much cheaper plan. The correspondence school, however, would help to maintain interest, and could be invoked, should the study plan alone not succeed as thoroly as desired.—ED.]

The Poisoned Needle.

EDITOR MEDICAL WORLD:—We can scarcely pick up a daily paper without seeing some article about "The Poisoned Needle." I wish you would give us a good, full article on the subject. Is it mostly hot air, or is it just a good old-fashioned hypodermic of morphin which is used? Or is it some really new drug smeared on a needle, as indicated in inclosed newspaper clipping? I for one am in the dark, and as I may run up against such a case want information. I would think it an ordinary hypodermic of morphin were it not that the victim would probably squirm enuf to break the needle. PENNA.

[We think this is mostly newspaper sensationalism. According to the newspapers, the needle is used usually in a crowd in some public place. This would be, to say the least, an inconvenient place to commit robbery or felonious assault. It is said that many girls disappear mysteriously every year, and it is said or supposed that these mysterious disappearances have a direct relation to the "white slave" traffic. The following newspaper clipping would indicate this:

New York police have been aroused to action to prevent further outrages with the "poison needle." Publication of the Newark case has been followed by a flood of revelations of similar attacks. One is that of a girl in a department store, who, as she sank semi-conscious, was caught by a young man who said he was her brother and hurried toward a taxi, but was rescued by her mother who said the young man was unknown to her. How many may have been carted away while under the influence of the drug the police do not know, but they express a determination to put an end to the practice.

We have no direct information on the subject, but know that if it has the remarkably quick action attributed to it in the newspapers it must be a powerful and rapidly acting drug. Morphin would be too slow for this purpose. We would suspect that a cyanid was injected. The addition of an acid to a solution of a cyanid salt sets free hydrocyanic acid, which is a rapidly acting lethal poison. In the use of this, great care in the dose would have to be exercised to avoid an immediate fatal result. A very small dose might cause immediate insensibility sufficient for the purpose of the perpetrator, and yet not endanger life. The treatment for such a case is that of hydrocyanic acid poisoning.—ED.]

Ephedra and Cowania.

EDITOR MEDICAL WORLD:—There are two plants that I have found certain Indians using and have wondered if they have any medical virtue. One is (if I am not mistaken in my differentiation) *Ephedra trifurca*. The other is a species of *Cowania*.

The *Ephedra vulgaris*, a European plant, is used, but am unable to learn that the American variety is of any use. I. N. WOODMAN, M.D.

La Luz, N. M.

[The *Ephedra antisyphilitica*, which we presume to be the variety of *Ephedra* to which you refer, there being no other of American habitat to our knowledge, is also called whore-house tea, Brigham weed, Mormon tea, and mountain rush. It is used in the form of the fluidextract, in doses of 1 to 2 fluidrams, in gonorrhea. In the opinion of Loew, its properties are due to the presence of tannin.

We are only able to locate one species of *Cowania*—the *Cowania Mexicana*. It is closely related to the mountain mahogany (*Cercocapus ledifolus*). In addition to possessing astringent properties, the *Cowania Mexicana* bears upon its leaves and twigs an abundance of a strongly odorous oleoresin, of extremely bitter taste. The "National Standard Dispensatory" says of it: "Its constituents and properties are well worthy of investigation."

You have the opportunity for investigation, doctor, and we hope you will let the family know, thru THE WORLD, what you learn.—ED.]

Important Advances in 1913.

EDITOR MEDICAL WORLD:—What do you consider the three most important medical events or advances in medicin or surgery during the year 1913 (preventiv as well as curativ)? Kindly make some comments on same and refer me to literature on the subjects. G. F. JONES.

Georgetown, Del.

[You are much too early in your request. It will be well on in 1914 before it will be possible to estimate the advances made in 1913. From the vast mass of material offered each year it is necessary to slowly sift the few items of value, and this is, indeed, a slow process. It always takes a number of years to determin what has any value, and what

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is worthless or worse. If you wish to keep in touch with all problematic advances, and to estimate early in any year the weight of suggestions made during the previous season, you should purchase a year book, such as "The International Medical Annual," publisht each year by E. B. Treat & Co., 241 West 23d St., New York, N. Y., at $3.50, or "The Practical Medicin Series of Yearbooks," 180 N. Dearborn St., Chicago, Ill., price, $10.

It is likely that the use of pituitrin in obstetrics will ultimately be recognized as the most important advance in therapeutics during 1913. In the later stages of labor it produces strong uterine contractions, and it seems to have earned a place as a fairly reliable and harmless remedy for uterine inertia in the late stages of labor. It has a pronounced diuretic action, also, and this is a distinct advantage.

Outside of this, we have no suggestions to make as to the permanency and value of the year's suggestions.

If any of our readers have anything to say on this subject we would be glad to hear from them.—ED.]

Solution De Villate.

EDITOR MEDICAL WORLD:—Permit me to thank you for the courtesy you extended to me in the publication and discussion of a troublesome case of chronic osteomyelitis, in a recent issue of THE WORLD. Now I am coming back again to ask you the exact formula and directions for using the preparation suggested by you. It is supposed to contain among other things copper sulfate and was first used by Ashhurst.

I might say that the case was operated upon about a year ago and while the sinuses (2 of 3) are still open and discharging there has been so much improvement that the limb does not swell no matter how much he uses it and constitutional symptoms are *nil*. So I hope that the formula, about which I am now inquiring, will heal the lesion entirely. W. H. BECKER.

Sherwood, Ore.

[There are no special directions for compounding the solution De Villate. It is composed of copper sulfate, 15 parts; zinc sulfate, 15 parts; liquor plumbi subacetatis, 30 parts; vinegar, 200 parts. Naturally, one would take care to use only the purest drugs, and take customary aseptic precautions in the preparation and injection. It is thoroly injected into the sinuses leading into the carious bone.—ED.]

Lobelia in Asthma.

EDITOR MEDICAL WORLD:—In December, 1913, WORLD, page 498, is an article on "Lobelia Successfully Used in Asthma." What I want to know is: What preparation of lobelia was used? Article says: "Gave 15 drops of lobelia hypodermically." Does the writer mean he used the ordinary tincture or fluidextract, or a special preparation? If so, where is it to be gotten? I have a case similar to the one he describes and would like to try the remedy. J. G.

Massachusetts.

[It was the subculoyd lobelia, prepared for hypodermic administration. Any wholesale druggist can get it for you. Pending its arrival, you could use the following: Fluidextract of lobelia, 5 minims; cocain hydrochlorid, 1/5 grain; Fowler's solution, 5 minims, given every 3 hours if necessary or only 3 or 4 times a day, by mouth. This has been very successful in our hands. A number of pharmaceutic houses make lobelin salts for hypodermic use. —ED.]

Wants Treatment for Facial Spasm.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD for a number of years and have acquired a good deal of confidence in the Editor; so I am writing you personally for information in regard to facial spasm. My wife has been troubled with it for several years and I have found no remedy of any benefit. Have you had any experience with crotalin in nervous trouble? I see it recommended for epilepsy and some other troubles. Is there any danger in using it and is there much soreness at point of injection? Do you think that would be any good in this trouble (facial spasm)?

Any light that you can throw on this matter will be very much appreciated. OHIO.

[The editors have had no personal experience with crotalin in this line of affections, but if you will write to the physicians who have written the articles on crotalin and to our advertisers for information on the subject, they will doubtless be able to furnish you with all the information available on the subject and reprints of the experiences of those who have employed the agent. Possibly some of the family who read this may also come to your aid. There is danger in crotalin treatment. It must be used in *small* doses.

You will understand, doctor, in using the term hysterical, that it is used strictly in a technical sense. The majority of facial hemispasm cases are called "hysterical." You can ascertain if this case is such by observing the condition during sleep. Cessation of the spasm during sleep is considered diagnostic as regards this classification. If the spasm persists during sleep, then it is not hysterical in nature, but is simply facial spasm.

As to pathogenesis: The origin of the irritation may be in the seventh nerve itself, in its nucleus, or in any of the sensory fibers of the fifth nerve.

The majority of cases are found to originate in the peripheral portion of the seventh nerve. It is particularly rebellious to treatment, as your experience justifies. Gordon says that: "The most effectiv treatment is injection of a few minims of 80% alcohol into the nerve at its exit from the stylomastoid foramen. It has given me the most gratifying results. The spasms ceast for periods ranging from eighteen months to three years. The facial palsy which follows immediately the injection disappears at the end of five or six weeks in every case. In some cases returns of the spasms were treated with repeated injections. No bad results followed repetition of injections."

This is a very simple treatment, and we hope that it may prove quite as successful in your case as in the hands of Dr. Gordon.—ED.]

Periodic Vomiting.

EDITOR MEDICAL WORLD:—Would like your opinion and that of THE WORLD "family" as to the diagnosis and treatment of the following case. This patient has been a sufferer for fifteen years and has been treated by many doctors without any relief:

Mrs. M., age 37, weight 155, well nourisht. Has had five children. Youngest 3 years old. Births all normal. Has gained ten pounds the last year. Family history good. Menstrual func-

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tions normal. Temperature, pulse and respiration during attacks normal. Every three to six weeks has very severe attacks of vomiting of mucus and bile, but no food, which generally lasts two days, accompanied by exceedingly severe pain either at base of brain or on top of head; frequently both the base and vertex together. There is no soreness in region of liver or gall bladder, no gas in stomach or abdomen. There is a very painful spot about 1 inch long and ½ inch wide over abdominal aorta, with very distinct pulsation; is no pulsation and soreness between attacks. These attacks nearly always come either before, at the time of or just after the ending of menstruation. Have examined uterus and find nothing wrong. Very slight pallor of face, eyes bright and little dilated, tongue clean, bowels good. She is in perfect health between attacks.

IOWA.

[Have you examined the spine and spinal nerves for evidences of disease? We have printed many articles and abstracts on this subject in THE WORLD, some of them in the "Original Communications" department, some in "Monthly Clinic" and others in "Current Medical Thought." The periodicity of the trouble leads us to believe it to be neurotic in nature. By all means examin the spine very carefully, from the skull to the coccyx. Painful areas are likely to be found just below the skull, between the shoulder blades and at the waist. Look for curvature of the spine. For such conditions give appropriate treatment, such as vibration, spondylotherapy, massage, rest in bed, etc.

Look well into the condition of the alimentary canal. Hyperacidity or hypoacidity may be present. The tender spot you mention may be due to one of these causes. There may be constipation, causing fecal impaction and autointoxication in spite of her having a bowel movement daily. For these conditions a thoro purging is necessary. Massage of the abdomen, to stimulate the intestins, is of great assistance.

An ovary may be tender, for which corpus luteum extract, 5 grains three times a day, will be advisable.

What about her blood pressure, kidneys, etc.? Remedy any ailments you find thru examination of these organs.—ED.]

Fecal Impaction and Autointoxication.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD for the past ten years, and I now appeal to you and the "family" for the first time for assistance.

I have a little girl, 4 years old, who has had attacks, similar to that described below, every few weeks for the past two years. Goes to bed at night seemingly perfectly well. Awakened some time during the night with vomiting. Bowels move once or twice the first few hours, and then no more for from three to five days. Vomits every hour or two and invariably after taking a little milk or water. Temperature never above 102° and seldom reaches that. Slight tenderness all over abdomen, but have never been able to locate any tumor or special sensitiv point. Some pain, but not localized. Child lies in a sort of stupor after the first 24 hours, sleeping between vomiting spells.

When movement of bowels is secured she passes a quantity of offensiv fecal matter, sometimes dark and granular, like coffee grounds. As soon as this comes the vomiting ceases and in a few days she is well again.

Now, we watch her carefully as to diet—see that bowels move every day and all that—but attacks persist in coming in spite of it all. Use during attack bismuth, cerium oxalate, cocain, etc., for vomiting; calomel, castor oil, castoria and high rectal enemas to move bowel, but have been unable to shorten periods. Of course, do not know how long it would last without treatment. Between attacks she is perfectly healthy and strong.

Now I would like to know what or where the lesion is that causes these attacks and any method to pursue to prevent their recurrence.

Readland, Ark. F. E. RIGDON, M.D.

[We believe the child suffers from fecal impaction and autointoxication in spite of the fact that she has a movement every day. The cause may be atony of the bowel, dilated bowel (perhaps the colon), twisting of the bowel, etc.

The treatment you gave her was good. Elimination is the thing to be achieved. Continue to watch her diet, see that she chews her food well, and keep her for some time on intestinal tonics, such as cascara, nux vomica (in small doses), etc. Enemas are always good to empty a bowel. Rather than let the child get sick we would administer 1 drop of croton oil, which should act within five hours. Calomel may give rise to poisoning when retained for four or five days. Rhubarb (in castoria) is astringent and should not be used in fecal impaction. Get the bowels cleaned out and keep them clean. Persistent treatment should finally overcome the trouble. —ED.]

Effervescent Lithia.

EDITOR MEDICAL WORLD:—Do you know anything about the product the label of which I inclose? F. E. HARLOW, M.D.

Windsor, Vt.

[The label stated: "Dr. Harlow's perfected solvent (effervescent) for excess of uric acid in the system." And contained a facsimile signature of "Franklin E. Harlow, M.D." The address given is Boston, Mass. This is most likely an effervescent lithia powder, such as the following U. S. P. preparation:

Lithium citrate	5
Sodium bicarbonate	57
Tartaric acid	30
Citric acid	19½

Dose: 1 to 3 teaspoonfuls in water, drunk while effervescing. By a strange coincidence the names of the two doctors are apparently similar.—ED.]

Exophthalmic Goiter.

EDITOR MEDICAL WORLD:—I have a case of exophthalmic goiter, and I would appreciate greatly to learn of any new treatment.

Banks, Ark. S. E. SMITH, M.D.

[A great deal has appeared in THE WORLD in recent years on the subject of goiter and goitrous conditions. In the spring of 1912, in response to an inquiry by a subscriber, two symposiums on this subject appeared. For these see April, 1912, pages 143 and 144, and May, pages 184 to 188. Since then several other articles have been contributed, for which see September, 1913, pages 372 and 373; October, page 431, and November, page 459.—ED.]

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Hookworm Disease.

EDITOR MEDICAL WORLD:—I would be greatly pleased if you would publish the diagnosis, prognosis and treatment for hookworm as discovered by the researches of the Rockefeller Institute, 64th Street and Avenue A, New York City.

I had the pleasure of seeing this magnificent building in June last as I came down the avenue, but did not know at that time that it was kept up by an immense gift for scientific purposes.

I will await your next issue with great interest, as I have a patient whom I believe might be affected with this parasite. He has periodical sleeps, anemia, etc. DR. W. J. SAUNDERS.

Wyoming, Pa.

[A very extensiv article on this subject appeared in May, 1913, WORLD, pages 191 to 195. —ED.]

Chase the Moth.

EDITOR MEDICAL WORLD:—What is the best treatment for moths in the home? We have them in our house and have tried most everything to our knowledge, with poor results. If you will tell me of some means of eradicating these "gentlemen" I shall certainly be thankful. They seem to take a delight in destroying furs and woolen goods.

Eskridge, Kan. C. W. WALKER.

[Moths in carpets on the floor may be effectually banisht by liberal sprinkling with spirit of turpentine. Carpet should be thoroly swept before the sprinkling, and it will be uninjured. Piano or other furniture with bottom close to floor should be moved and the carpet under same treated. Woolen goods and furs are best preserved thru the moth season by inclosing them in heavy paper bags, within which has been placed the ordinary "moth balls," tobacco, or cedar chips obtainable at the drug store. The secret is in close *sealing* of the bags, altho the preventivs named above will be sufficient, in many cases, even if sealing has not been perfect. Such paper bags are obtainable in the large cities in the dry goods stores.—ED.]

Maté (South American Tea).

EDITOR MEDICAL WORLD:—I inclose a pamphlet in regard to "Juno maté," a preparation that some of my acquaintances are drinking.

Can you enlighten me in regard to properties, value, etc.? J. I. T. LONG, M.D.

Fruitland, Md.

[Maté is a plant of the tea family. It contains about one-half as much theine as tea. It can be used in place of tea. It is a South American plant and is described in numerous textbooks on materia medica.—ED.]

To Practise in Argentina.

EDITOR MEDICAL WORLD:—Can you inform me how to obtain a certificate to practise medicin in Argentine Republic, South America?

Chicago, Ill. A. O. HOLLIE.

[Write to the Secretary of State, Buenos Aires, Argentina, for the requirements.—ED.]

EDITOR MEDICAL WORLD:—I like THE WORLD better than all the rest of the medical journals put together because it comes straight from the shoulder in whatever it has to *say* and exposes grafters from start to finish.

Gatliff, Ky. GARFIELD HOWARD, M.D.

MEDICAL FRAUDS

Texas Guinan's "Obesity Cure."

EDITOR MEDICAL WORLD:—Kindly publish some information concerning Texas Guinan's "World-Famed Treatment for Obesity," made in Los Angeles, Cal., used externally. Price either $20 or $10 per bottle, whichever you prefer.

Westbrook, Me. LOUIS L. HILLS, M.D.

[We quote the following from the *Jour. Amer. Med. Assoc.*—ED.]

Texas Guinan: Another Fraudulent Obesity "Cure."

Quackery is disreputable and vicious, because, as a rule, it not only defrauds, but also trifles with health and life itself. Occasionally there are varieties of quackery that attack only the purse. The Texas Guinan obesity "cure" is one of these.

Texas Guinan is an actress. Her connection with the obesity cure that bears her name is explained briefly in the following news item that appeared in the papers early in August, 1913:

> DENVER, COL., Aug. 4.—Marjorie Hamilton has been deposed as the light in the lives of fat women who seek to reduce, and a new queen reigns in her stead, the Denver stage favorite, Texas Guinan, according to a telegram received from the young woman to-day.
>
> "The message says she has been paid $50,000 by Walter C. Cunningham, Marjorie Hamilton's husband, and head of the fat reduction bureau, and H. D. Turner, of Los Angeles, for the method she says she used in reducing herself from 204 pounds to 134.

Cunningham and his wife, Marjorie, were indicted by the federal grand jury and later arrested. In 1906 Cunningham is said to have served a term of eight months in jail in Minneapolis for fraudulently listing fees when he was "president and manager" of a real estate business of that city, conducted under various names. After completing his jail sentence, Cunningham, it is said, went to Rochester, N. Y., where he became associated with the Clark-Adkin-Neal syndicate, which has exploited various mail-order medical fakes. At this time he is said to have married Evelyn Burlingame and soon thereafter to have gone to Buffalo, where he started a mail-order business, selling "beauty treatments." The business was conducted in his wife's name. In 1909 Cunningham transferred his operations to Chicago, where, after a brief period of employment with the Currier Publishing Company, he started a mail-order bust-developer and wrinkle-eradicator concern under the name of his wife, Evelyn Cunningham. In 1910 Cunningham sold his interest in this concern and incorporated another one along the same lines—the Della Carson Company—later disposing of this also. In the meantime he was divorced from Evelyn, and on September 19, 1911, married Marjorie Hamilton—the "Calendar Girl"—who, on September 6, 1911, had obtained a divorce from her previous husband, William Kerting. Kerting, according to the newspapers, sued Cunningham for $25,000 for alienating his wife's affections. At the time of his marriage to Marjorie Hamilton, Cunningham had left Chicago and had opened a new establishment in Denver. Here he exploited the "Marjorie Hamilton Obesity Cure," the "Princess Tokio Beauty Company" and the "Cunningham Mail-Order School."

As late as August 5, 1913, the newspapers reported that Marjorie Hamilton was about to get a divorce from Cunningham, charging that this gentleman "did everything mean, even to punching her face." Marjorie, in an interview published in a Chicago newspaper at that time, expressed herself thus:

> "Mr. Cunningham has another scheme now for money making. I'd advise the people who are dealing with him to look out. He has advertised his successes very widely, but he has kept his failures intensely quiet. He is like a balloon that would blow up in a moment if a pin should stick it."

We have, then, historically considered, the following enterprises of Mr. Cunningham: North American Land Co.: fraudulent real estate. Evelyn Burlingame: mail-order beauty treatment. Evelyn Cunningham: mail-order bust developer and wrinkle eradicator. Della Carson: mail-order bust developer, wrinkle eradicator and fat reducer. Marjorie Hamilton: mail-order fat reducer. Princess Tokio: mail-order beauty treatment. Texas Guinan: mail-order fat reducer.

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Texas to the Rescue.

Texas Guinan comes to the obese public—especially the female portion of it—with this alluring challenge:

> "I have at last, finally and forever conquered the mystery of harmlessly reducing flesh! I challenge the world to produce any person I cannot promptly take down in weight, and guarantee to make slender quickly."

Like most obesity cures of the so-called drugless variety, the Texas Guinan humbug is "entirely different" from anything else! To quote: "It is not like the Marjorie Hamilton treatment—as absolutely different as day from night." Neither, according to Texas, is the treatment anything like the Dr. Bradford treatment, the Dr. Turner treatment, the Susanna Cocroft treatment, the Dr. Kellogg treatment, the Dr. Spillinger treatment, the Burns Belt or Hattie Beal treatment, nor like "Fat Foe," "Fat Off," "Berledets" or the Annette Kellerman treatment.

The original price is $20, but the fifth follow-up letter asks the small sum of $3. "This offer," you are told, "expires twenty days after you receive this letter." Moreover, "this is the last offer that will be made you; after that date the original price will be $20." To get it at this low price it is necessary to "send the names and addresses of ten fat men or women"; further, "it is understood that you will keep sacredly confidential the special $3 offer made you."

Analysis.

Finally the money was sent and in due time a package came by express containing "Texas Guinan's World-Famed Treatment for Corpulency." This $20 treatment consisted of a quart bottle filled with a muddy liquid, which on standing separated into a pinkish sediment and an almost colorless liquid. The stuff was analyzed in the Association's laboratory, and as a result of the examination, the chemists' report might be summarized as follows.

To make a mixture having essentially the same composition as the "Texas Guinan World-Famed Treatment for Corpulency," take a quart-size fruit jar and put into it:

Powdered Alum	1 pound
Alcohol	10 ounces
Water, sufficient to make	1 quart

The approximate cost of these materials is 30 cents; selling price, from $20 to $3, according to the ease with which one parts with his money.

Laboratory Report.

The chemists' report in detail follows:

"One original, sealed bottle (capacity about 1 quart, $20 size) of the 'Texas Guinan World-Famed Treatment for Corpulency' (put up by the Texas Guinan Co., Los Angeles, Cal.) was received at the Association's laboratory and subjected to examination.

"The bottle contained a heavy sediment (of light pink color) and an approximately equal volume of almost colorless supernatant liquid. On addition of water the sediment readily dissolved. The sample was highly scented with rose water. Qualitativly, the mixture gave tests for aluminum, potassium, sodium (traces of magnesium), iodid, sulphate, alcohol and water.

"The following quantitativ data were obtained: 100 c.c. of the well-mixt preparation weighed 112 gm., equivalent to a specific gravity of 1.12; and 100 c.c of the mixture contained about 60 c.c. of liquid and 51 gm. of solids.

"Some of the mixture was evaporated to dryness and the water of hydration removed by heating in an oven at 200° C. The aluminum and sulphate content of this dry powder was determined and found to agree closely with the theory for anhydrous aluminum potassium sulphate (alum), AlK (SO4)2. From the above examination the preparation appears to be composed essentially as follows:

"Alum	50.2 gm.
"Sodium Iodid	00.16 gm.
"Alcohol (absolute)	29.65 gm.
"Water (by difference) to make	100 c.c."

No Alcohol Label.

In spite of the quantity of alcohol present in the mixture, there was no declaration of the presence of this substance, such as is required by the federal Food and Drugs Act.

Apparently, the world-famed treatment does not always have the same composition. A specimen of it was sent to us by a New York physician. No alcohol or alum was found in this, but instead a solution of gum, probably tragacanth. It seemed to be of the "vanishing lotion" type. Like the other specimen it had a minute quantity of iodid in it. Moreover, the label on the bottle forwarded to us from New York differed slightly from that on the bottle purchased by *The Journal*. The label on the non-alcoholic, gummy "cure" bore this statement:

"By rubbing the fat parts with this liquid you will see that it rubs slowly into the pores; continue rubbing until it disappears and until the skin is apparently dry."

The label of the specimen obtained direct was modified thus:

"By rubbing the fat parts with this liquid you will see that it quickly dries, leaving a powder upon the surface."—*Jour. Amer. Med. Assoc.*

Bradford's Obesity Cure.

EDITOR MEDICAL WORLD:—Inclosed herewith find literature and samples of H. C. Bradford's new obesity cure. Do you know anything about it? His "guarantee" contains the "joker" I think in offering extended treatment after five weeks and probably winds up with 500 pills (placebo) at the rate of 1 pill a day till used (500 days), etc. Nevertheless would like to hear from you.

Neillsville, Wis. CARL F. BACHMANN.

[Bradford's obesity cure was publisht in January, 1913, WORLD, page 42.—ED.]

Wine of Cardui.

We have had numerous inquiries for information about "wine of cardui" and have endeavored to learn its composition. We received the following information from the American Medical Association:

"Wine of cardui" is one of those preparations that have more or less vogue among women who want alcoholic stimulation but are opposed to the use of ordinary alcoholic liquors. Before the Food and Drugs Act went into effect, the carton was labeled "Wine of Cardui, a Certain Cure for Menstrual Disturbances of Women." After the passage of the act, when lying became illegal as well as immoral, the clause "a certain cure" was eliminated. Before the act the label on the bottle read:

> This pure wine is a simple vegetable extractiv without intoxicating qualities and has proven to be the most astonishing tonic for women known to medical science.

As the stuff is not a "pure wine" and *does* have "intoxicating qualities" and is not "the most astonishing" tonic "known to medical science," we find the present label reading:

> This medicin is a purely vegetable extract, and has proven to be a reliable remedy for the treatment of female disease.

On the old label: "It is recommended to cure all irregularities of the menstrual organs"; on the new label, it is "recommended for all irregularities of the menstrual functions." The old preparation did not have the "shake the bottle" statement on it; the new label does. Whether this means that they have put something in the stuff since the passage of the Food and Drugs Act that was not in before can only be surmised. From the standpoint of public safety and information, the most important change in the label is the declaration that it "contains 20 per cent. alcohol." Yet, this stuff used to be sold as being "without intoxicating qualities!"

Mayr's Remedies.

EDITOR MEDICAL WORLD:—Have been a subscriber for some time and would like to know the ingredients of "Mayr's System Regulator and Tonic." Your Business Talks I think protect many of us. H. C. HANNAH.

Junction City, Kan.

[We are unable to state the composition of this

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compound, but we learn it is put out by the same man who sells the fake gallstone "cure," "Mayr's Wonderful Stomach Remedy." The latter consists of 6 ounces of a bland yellow oil, apparently olive oil, and about 2 ounces of Rochelle salt flavored with licorice root and compound licorice powder. The result of the ingestion of this material was the formation of soap balls *in the intestin*, no gallstones whatever being excreted.—ED.]

Dr. Bookstaver and Sparkoll Tablets.

One of our subscribers sends us a circular of Dr. Bookstaver and his "sparkoll" tablets and asks for information concerning them. We learn from the American Medical Association that Barnett Seymour Bookstaver was born in 1886, was graduated from the University and Bellevue Hospital Medical College of New York in 1908 and licensed the same year in New York. They could give us no information of his product.

Bookstaver denies that his "sparkoll tablets" are a "quack nostrum" or a "cure-all," but he modestly admits that "they are a *specific* for nervous exhaustion, impotency, general and special debility, premature decline, exhausted vitality, impurities of the blood, spermatorrhea, partial weakness, and general inactivity." In addition, they are the "best known remedy" for "pain in the back and loins, noise in the ears, loss of memory, mental depression, lassitude, loss of powers, loss of vigor, etc."

In addition to his "sparkoll tablets" Bookstaver sells "boksin" for gout and rheumatism. Boksin is, according to Bookstaver, "the giant solvent for uric acid."

It appears to us that in selecting remedies for all this list of human woes he would use phosforus and nux vomica. Whether or not other ingredients would be added it would be hard to say. He might use a little acetanilid or bromid to offset the stimulating effect of the first two drugs on the nervous system.

The uric acid solvent is possibly a lithia salt.

Fulton Compounds.

EDITOR MEDICAL WORLD:—Being a reader of your MEDICAL WORLD for the past six years and getting a heap of useful information therefrom, I will ask your opinion of Fulton's diabetic compound and Fulton's renal compound, prepared by John J. Fulton, 645 Battery Street, San Francisco, Cal. DR. W. W. TAYLOR.

Winter Haven, Fla.

[Fulton's compounds were discust in January, 1912, WORLD, page 37, and August, 1912, page 358.—ED.]

Tucker's Asthma Remedy.—Sargol.

EDITOR MEDICAL WORLD:—Please inform me, if possible, under your "Medical Frauds," of the following:

1. Dr. Tucker's asthma remedy, manufactured at Mt. Gilead, Ohio.

2. "Sargo" tablets to increase the weight.

Bucyrus, Ohio. R. J. CATON.

[Tucker's asthma remedy was described in MEDICAL WORLD, July, 1912, page 306. Your second query we think refers to "sargol," which is described on the same page.—ED.]

Green's August Flower.

EDITOR MEDICAL WORLD:—I would like very much to know the ingredients of "August Flower," prepared by G. G. & L. M. Green, Woodbury, N. J. AUSTIN R. HEDERICK.

Booneville, Ark.

[We have not been able to learn the composition of this stuff. If any of the family can tell us, we will gladly print the information.—ED.]

Pulmonol.

Pulmonol has been analyzed in the American Medical Association's laboratory and, as is the case with most nostrums, has been found to contain drugs that have been used for years by reputable physicians. And yet Arthur Vincent Payne, M.D., yclept The Pulmonol Chemical Company, has the effrontery to declare that pulmonol is a prescription that he has perfected after he had "given his entire life to a study of tuberculosis and diseases of the lungs." Essentially, pulmonol consists of a mixture of benzoate of soda, a guaiacol compound, with a dash of strychnin, dissolved in a mixture of glycerin and water. Here is the chemist's report:

"Three original bottles of 'pulmonol' (manufactured by the Pulmonol Chemical Company, New York) were received at the Association's laboratory and subjected to chemical analysis. The bottles contained a red, aqueous liquid, having a bitter taste and a faint odor of benzoic acid. Its specific gravity was 1.088.

"Qualitativly pulmonal contained potassium, sodium, benzoate, sulfonate, glycerin, guaiacol (or cresol), strychnin and coloring matter. The red coloring matter responded to tests for the dye known as bordeaux. The guaiacol was present in a combined form and its characteristic odor became apparent only after boiling with strong sulfuric acid. The strychnin was probably present as the sulfate, as a very faint trace of sulfate was detected.

"Quantitativly the mixture closely corresponded to the following:

Potassium guaiacol sulfonate	5.7%
Sodium benzoate	2.1%
Strychnin sulfate	0.008%
Glycerin	11.6%
Water	77.7%
Difference	2.8%

Each fluidounce of pulmonol is equivalent to approximately 29 grains of potassium guaiacol sulfonate, 10 grains sodium benzoate and 1/24 grain strychnin sulfate.

To sum up: Pulmonol, exploited as a cure for consumption, is a vicious and wicked fraud.—*Jour. Amer. Med. Assoc.*

AUTOMOBILE TALK.

Many of our readers, owners and operators of automobiles, will probably have something to say of automobiles and automobile subjects in this column. The following letter, from an experienced auto owner, gives valuable information to intending purchasers:

MR. EDITOR:—You might also state, under "Automobile Information for Physicians," the first requisit for using a car of any kind is good roads. Without these a horse-drawn vehicle will be much more effectiv and economic. It is poor economy to attempt to use a car in sand roads and deep mud, as well as after a heavy sleet and wet, heavy snow, as one can run only on the low gear, which overheats the motor and grinds out the internal gears. With good road surfaces, even with moderate hills, a car can be used most of the year. Long trips will be a pleasure instead of slow, tiresome work with a horse. I have owned, operated and cared for a car twelve years; had the first gasoline car in my county, and have learnt their possibilities and know whereof I speak. I now own a little model A Maxwell. This car has cost me, in the three years I have owned it, but 2 cents a mile—this includes all expenses, and the car is now in daily

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and nightly use and in fine condition, and will render good service for another three years or more. Of course, for such excellent service I purchast the car new at the Newcastle factory in Indiana. T. B. GULLEFER, M.D.

Greensburg, Ind.

We take it that the Doctor agrees with our former statement that the only kind of a car worth purchasing is a *new* car bought of the manufacturer.

The Doctor, also, presumably settles the point about what kind of roads an auto can run on. Many queries on that subject have appeared in our columns before. But while the subject of roads is before us, let us ask why we do not have good roads everywhere. Good roads can be put down comparativly cheaply in these days.—J. C. R.

CURRENT MEDICAL THOUGHT

Posture in Obstetrics.

Dr. Thomas S. A. O'Connor, in *Albany Medical Annals*, believes that in very many instances retention of urin results from keeping the woman upon her back in bed. If we let her sit upon a chamber vessel—the natural posture for urination—she will, in a great majority of such cases, pass her water, and the necessity for a catheter will be obviated. His belief is that the recumbent posture during labor is much overdone; that it is often persisted in—either by custom or by the direct order of the obstetrician—when it does positiv harm, by prolonging labor, by exhausting the woman; and sometimes leading to a persistence of faulty presentations, as well as increasing the duration and intensity of the woman's suffering.

By persistently maintaining the recumbent posture, we deprive the woman of one of the chief factors of power by which, in the natural order of things, her child is forcibly extended. That is the factor of *thigh pressure* upon the walls of the abdomen and uterus, which comes into play when she assumes a sitting, kneeling or squatting posture, but of which she is completely bereft in the dorsal decubitus.

Obstetric science of to-day teaches that the forces of labor consist of, first, uterine contractions, and second, contractions of the abdominal muscles and diaphragm in the act of straining or bearing down. Nowhere do we find any recognition of, or reference to, the pressure of the thighs upon the abdomen as an additional factor of power, when the woman assumes a sitting, kneeling or squatting posture. Recognition of this additional source of power is necessary.

Of all the different postures during labor recorded among primitiv peoples, nowhere do we find reference to the dorsal decubitus. Our maternal ancestors, in prehistoric times—women of the forests and the fields, educated in the school of nature, so to speak, adopted for the most part a squatting posture, in fact, the posture of defecation. The woman, to steady herself during labor, grasped with her hands a sapling in the woods. If no suitable young tree was available, a stake was firmly driven in the ground for the same purpose. In our parturient women of to-day there still survives the inherited desire to grasp something in front of them during the labor pains; and thus we furnish them with the very poor substitute of a sheet fastened to the bedpost which they can grasp and pull.

If anyone will place his closed fist in the neighborhood of Poupart's ligament and then assume a squatting posture, he will easily demonstrate how forcibly the fist will be comprest against the abdomen by pressure of the thigh column. And it is inevitable that this thigh pressure would be still much greater upon the distended abdomen of a pregnant woman. Thus the intra-abdominal pressure is increast; the contracting walls of the uterus and abdomen are reinforced.

Correction of Transverse Presentations.

And now we come to the extremely interesting point that this provision of thigh pressure is not only a factor of power, but is also the natural means by which transverse presentations are either altogether prevented or, when they occur, are corrected.

To understand the *modus operandi* of thigh pressure in thus turning a child, it is necessary to realize that the act of squatting as usually practised is not a symmetric proceeding. Both thighs do not press equally upon the abdomen, nor is the direction of pressure the same on both sides of the abdominal surface. Usually, in squatting, one foot is placed flat on the ground and in advance of the other, while this other foot, considerably posterior to the first, rests its toes only on the ground. The thigh of the forward foot will assume more or less of an acute angle with the woman's spinal column and will come in contact with the abdomen over a large surface extending from the groin to a line considerably above the umbilicus; while the thigh of the posterior foot will be almost horizontal, and will have much limited surface of contact on the lower lateral portion of the abdomen only.

Now in shoulder and arm presentations we know the child's head usually rests low down, upon one of the iliac fossæ, while the back extends obliquely upward on the other side, to terminate in the breech end of the fetal ovoid situated near the fundus uteri at a considerable distance above the crest of the ilium. Now if we take care that the woman in squatting should always place the foot forward which agrees with the side of the abdomen *toward which the child's breech is directed*, it is evident the pressure of the thigh will come into forcible contact with the back of the child and lift it and the breech end toward the median line and ensiform cartilage; while the other thigh will press on the abdomen low down, over a smaller surface, and coming in contact with the projecting head of the child, will lever it off of the iliac fossa, inward toward the median line, and thus into the pelvic brim; and so a head presentation is produced.

In practising this proceeding, don't forget the *rule* of placing that foot forward corresponding to the side toward which the breech end of the child is directed.

It is important that the woman remain in this selected posture long enuf to have a few labor pains; these pains themselves contribute to straighten the uterus and lift the breech toward the median line to a certain extent, and when aided by forcible mechanical leverage of thigh pressure properly applied, there are but few, if any, cases of transverse presentation that would not be verified by this spontaneous version process.

The following case has been reported: A woman in labor twenty-eight hours, ergot had been given by the midwife, the waters, of course, had been discharged, and the uterus had been tetanically

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contracted round its contents; yet by placing the woman in the kneeling posture with her head and body bent as far forward as possible, the arm began to recede in five minutes, and in twenty minutes the child was delivered, head first, and mother and infant both survived and did well. In all probability, the mechanism of the case was as follows: the two thigh columns acted against the column of the lumbar spine—the three columns like the legs of an inverted tripod, converging below, diverging above, caused the child to escape in the direction of least resistance, namely, upward. Thus it was lifted out of its impaction in the pelvis, the arm was withdrawn and a head presentation produced. This case was reported by Dr. E. E. Barnum in the *Buffalo Medical Journal*, February, 1892, pp. 385-389.

This shows that even in the worst cases, and under the worst conceivable conditions, the factor of thigh pressure may still be effectiv in relieving the condition by causing a change of presentation. The late Robert A. Murray mentioned two cases of transverse presentation in which he was about to perform version in the usual way, but in both cases the woman had occasion to get on a commode in a sitting posture before the operation—with the result that both were changed to head presentations and delivery occurred in one immediately, in the other in fifteen minutes, without any operativ procedure whatever.

Dr. O'Connor had a similar experience as related above. He was called to see a woman in labor. When he arrived there and had made an examination, he found the woman about seven months' pregnant with an arm presenting. There were two women there who were intoxicated and he felt that the surroundings did not warrant carrying on any obstetric operation of any severity. He tried to turn the child without giving the woman an anesthetic, but was not successful, and then told the people that it was absolutely necessary to have the woman sent to a hospital. He went out to telefone the hospital and had made all the necessary arrangements for her removal and was on his way back to the house when he was met by a woman who told him that the child was born. While he was out the woman got up to use the vessel and in so doing she had performed the version that he was unable to do himself. The baby was lying in the bed when he returned.

It is not only as a corrector of cross presentation that he advocates thigh pressure; but he insists that this pressure is one of the normal factors of power in perfectly normal labors—a power of which we have no right to deprive the woman by keeping her in the recumbent posture or by supinely allowing her to remain recumbent.

In discussing the subject in Washington a few years ago, Dr. Joseph T. Johnson related a case of natural labor in which progress was so slow that the woman got up and kneeled by her bedside to pray for assistance; but the kneeling posture produced an immediate delivery, before her prayer could be uttered.

Rotating an Occipito-Posterior.

Finally, an occipito-posterior may be rotated by the *kneeling posture*. When a woman kneels and leans back upon her folded limbs, so that the pelvis comes in contact with her heels, the length of the lower extremity, in normal women, is such as to bring the protuberance of the heel in contact with the skin at a point exactly over the great sacro-sciatic foramen. If the occiput were toward the left acetabulum, the forehead would be toward the opposite sacro-iliac synchrondosis, one of its frontal eminences in contact with the sacro-sciatic foramen; hence the pressure of the heel at this point will push the forehead into the hollow of the sacrum and cause the occiput at the opposite acetabulum to go to the symphysis pubis.

He reaches the following conclusion, viz.: Before applying to an unrotated head (at the lower strait, of course) and before attempting to produce rotation by any of the methods commonly practised, let the woman kneel in the method suggested, and thus test the power of heel pressure in producing the desired rotation.

A Substitute for Carbon Dioxid Snow.

The use of carbon dioxid snow is becoming more and more popular in dermatology, but, unfortunately, the apparatus is expensiv and the technic not always simple. For superficial cauterization, G. Knauer recommends trichloracetic acid as equally as efficient and much simpler, but care should be exercised that none of the acid touches the healthy skin. It is, therefore, always best to paint a zone of collodion around the affected area. The acid is first liquefied with one or more drops of water, then applied with a glass rod. The cauterization is always very superficial unless the acid is actually rubbed into the tissues. A second application is only rarely necessary, and should not be done until the first scab has fallen off. The cauterized tissue will appear white as snow and the surrounding area will show only a moderate hyperemia. Vesicles never form and the cauterized area will turn brown after several hours. After eight or ten days the scab can generally be loosened. The cosmetic results are excellent and the scars appear like those after carbon dioxid treatment and are much sightlier than those following cauterization. There is hardly any pain during application. Trichloracetic acid is indicated wherever carbon dioxid snow has been used, except that the latter is more convenient to use where large areas are to be cauterized.—*Münch. med. Woch.*, Mar. 7, 1911.

Administering Medicin in Candy.

Dr. Bernard Fantus, of Chicago, Ill., in the *Jour. Amer. Med. Assoc.* says:

Attempts at candy medication have been numerous enuf; but, with few exceptions, have thus far not been successful. The official representativs of medicated candy, the troches, are not very popular. No candy medication can be successful that is not a perfect candy. Many times I had prepared what seemed to me a rather pleasant sort of candy, but, when tried on a real child, it was a failure, simply because it had a slight degree of bitterness or of saltiness that would not be objected to by an adult or even by a healthy candy-hungry youngster. But the sick child is critical and suspicious.

Another reason for the failure of the troches is that they do not disintegrate rapidly enuf, and a sick child will usually not suck candy as a well child would. The advantage of slow disintegration for throat medication is only then obtainable in those of sensitiv palate when the lozenge is perfectly pleasant; such a pleasant lozenge is the slippery elm lozenge, which we have been using

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with success and pleasure as throat demulcent in cases of sore throat and of cough due to pharyngeal irritation. For all other purposes, candy medication to be successful must not only be perfectly pleasant, but must also disintegrate rapidly in the mouth so as not to require sucking or chewing.

The candy form most suitable for purposes of medication is the "fondant." This, however, has the disadvantage of becoming hard with age. Free from this objection, and closely similar to the "fondant" is a rather lightly comprest tablet made of finely powdered cane-sugar. And so I came to choose the tablet form as the best and most convenient for candy medication—a form which has already been in successful use for some years for the administration of calomel and phenolphthalein.

My search has been to devise a perfect candy form for as many different important medicaments as possible; and thus far I have succeeded with about twenty, not including the previously mentioned santonin troches and slippery elm lozenges, or the calomel candy tablets or those of phenolphthalein, all of which should, however, be counted as available candy medicins.

Nothing is easier than to produce a candy tablet from a tasteless substance given in very small doses. Thus it is easy to make candy tablets of calomel, of yellow iodid of mercury, of arsenic trioxid, of tartar emetic, of nitroglycerin, of elaterin, of scopolamin (hyoscin). For instance, should 100 tablets of a substance whose dose is to be 1/100 grain, each tablet to weigh 3 grains, be desired, the following formula may be used:

Activ ingredient	1 grain
Cacao butter	9 grains
Powdered sugar 290	grains

Talcum, not to exceed 3%, may be added to prevent sticking of the tablets to the punches. This addition is not necessary when the tablet contains a considerable amount of insoluble powder.

The ingredients are thoroly triturated and are then comprest in the tablet machine. The 3% of cacao butter, as suggested by Schleimer, admirably serves the purpose of a cohesiv agent for prescription quantities of tablets.

A few drops of solution of carmin, of tincture of curcuma, or of 1% malachite green may be added, if *coloring* be desired. The flavor should *always* be sprayed on the finished tablet by means of an atomizer; for, if the volatile oil be incorporated with the powder, it is liable to impart to the tablet a sharp or bitter taste.

Insoluble substances that are given in larger doses, such as bismuth subnitrate, chalk, magnesia or reduced iron, require at least twice the volume of sugar to keep the insolubility of the powder from being noticeable. In tasting tablets of reduced iron, persons who have gold teeth or metallic fillings in their mouth will notice a "metallic" taste due to the generation of an electric current by contact of dissimilar metals and the liberation of the products of electrolysis. As children's mouths are usually free from metal, the reduced-iron candy tablets are very readily taken by them. The saccharated iron carbonate will be found entirely unobjectionable even by those who have gold in their mouth.

Insoluble substances that have a slight taste, such as tannalbin, phenacetin, digitoxin, are best disguised by the addition of 10% of powdered cacao to the sugar. Chocolate tablets can usually be comprest without the necessity of adding cacao butter.

The most tasteless form of quinin I have been able to find is aristochin, which is considerably less bitter than euquinin. The slight bitterness of aristochin is almost entirely overcome by the addition of a small amount (2 or 3%) of sodium bicarbonate and of cacao and sugar in the proportion previously mentioned.

The only sufficiently tasteless salicylate I have been able to find is salophen, which is easily made pleasant by the mere addition of sugar, and, perhaps, better still by the further addition of cacao.

Of soluble substances very few are suitable for candy medication. Sodium bicarbonate, ½ grain to 4 grains of sugar, makes a fairly palatable tablet, especially if flavored with peppermint. Hexamethylenamin, which has a sweetish taste, can be made into a fairly pleasant chocolate tablet.

For the salines I have not been able to devise a perfect candy form. I have therefore selected sabromin and sajodin, which are the most tasteless representativs of bromids and of iodids, respectivly, that I know of, and which are easily put up in the form of palatable tablets, especially by the use of cacao.

One objection that can be urged against candy tablets is that children might poison themselves by eating too many of them at one time. This is, indeed, a serious objection, which can, however, easily be overcome by prescribing not more tablets than could be taken at one time without danger. I have enjoyed the use of candy medication in private practise to such an extent that I felt urged to present it to the members of the profession. I am known among some of my little patients as the "candy doctor," and this is certainly not to my disadvantage.

Dr. Thomas F. Reilly, of New York, in discussing the article, said: I believe that children associate a round tablet with medicin just as most people do. The success of phenolphthalein as a purgativ from the drugmaker's standpoint, is due to the fact that they changed the shape. Phenolphthalein preparations are made in various forms. The tendency in the past has been to make the tablets too small; if they were made larger I think we could get more flavor in the tablet and less of the disagreeable medicament. For many years it has been the custom of homeopaths to carry with them a large number of sugar tablets and when at the patient's home to drop one or two drops of the medicament they intend using on the tablets. There is no question that the success of homeopathy is due to pleasant medication. The average American child, ruling the house as he does, will not take our medicin; the mother will say the child simply will not take the medicin; she reasons that it is better for the child to take the homeopathic medicin rather than take no medicin. This is the main reason for the success of the homeopath among children and women. The fact that the average American stomach of today will not stand medicin that could easily be taken a generation ago, has been the cause of a great deal of prejudice against medicin. The same thing is true of different races. It is impossible to give disagreeable medicin to the Frenchman, whereas you can give a horrible-tasting medicin to a

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German with none but the best results. In fact, many of them seem to think that unless the medicin is disagreeable there will be no effect. Many of us know that disagreeable medicin will not be taken by our patients and consequently the shelves are full of bottles from which the patient has taken one dose and that is the last of it.

Classification and Treatment of Nephritis According to Functional Tests.

Dr. Milton Goldsmith, of Pittsburgh, Pa., in an article in the *Journal of the American Medical Association,* says nephritis may be defined as an affection of both kidneys in which inflammatory changes occur, but do not lead to suppuration. Functionally the kidney consists of two distinct apparatuses, the tubular and the vascular, the latter comprising the glomeruli with their afferent and efferent branches and the small branches of the renal artery passing between the tubules.

By means of poisonous chemicals it is possible to injure either system at will and to study the other in its normal condition. Salts of chromium or corrosiv sublimate cause markt changes in the epithelium of the convoluted tubules, with no changes in the glomeruli. In such a *tubular nephritis* large amounts of albumin and casts are found.

On the other hand, a nephritis produced by cantharides or arsenic affects especially the glomeruli, and in this form, known as *vascular nephritis,* there occurs little albumin and few casts, but many red blood corpuscles.

A series of experiments carried on by Schlayer and his collaborators introduced a means of determining whether in a case of nephritis the tubular or vascular apparatus was especially affected. First, in normal animals, they determined how long a time was required for the elimination of definit amounts of different drugs.

The work finally narrowed down to the use of three substances, of all employed, iodin, sodium chlorid and milk sugar. The rate of elimination of these substances in healthy animals was found to be a constant one, independent of the amount of water consumed or of the character of the diet: 0.025 gram (1-3 grain) of potassium iodid or 0.5 gram (7½ grains) of sodium chlorid, given intravenously, passed out within twenty-four hours, while 1 gram (15 grains) of milk sugar, likewise given intravenously, was eliminated within six hours. When these tests were applied to animals suffering with experimental nephritis, it was found that those with the tubular type eliminated milk sugar within the normal time, whereas the elimination of salt and iodin was greatly delayed. Animals with vascular nephritis, on the contrary, eliminated salt and iodin normally, while milk sugar excretion was much delayed.

Further experiments showed that not only is elimination affected differently in the two types, but also the normal *contraction* and *dilatation* of the renal vessels and secretion of urin, in response to various renal stimuli, vary according to whether the tubular or the vascular apparatus is diseased. For instance, it was found that certain diuretics, as *epinephrin,* or *adrenalin,* cause normally a decrease in the size of the kidney at the time of the rise in blood pressure, while *caffein* causes an increase in kidney volume with no change in blood pressure. In animals with *tubular nephritis* these changes occurred as in the normal, but in the *vascular type* the blood vessels were no longer able to respond to the different stimuli, and contraction, dilatation and secretion became much less or failed altogether. In very mild vascular nephritis, and occasionally in the beginning of a tubular nephritis, these variations occurred with much greater intensity than normal, showing a great irritability of the vascular structures.

This irritability was especially manifest when large amounts of water were given. A normal animal, when given an increased quantity of water, reacts with a corresponding polyuria. When an increased quantity of water was given to animals with experimental nephritis, this response did not occur, except in the extremely mild vascular type and occasionally in the beginning of a tubular nephritis, when the excessiv irritability of the vascular structures could be demonstrated in the manner just described.

The experiments were next applied to human beings. First it was ascertained that in persons with healthy kidneys the three substances were eliminated at a definit rate: 0.5 gram (7½ grains) of sodium or potassium iodid in from forty to fifty hours, 10 grams (2½ drams) of sodium chlorid in thirty-six hours, and 2 grams (30 grains) of milk sugar in four hours.

In applying the tests to nephritics it was found possible to divide the cases into (1) those with normal elimination of salt and iodin, but with delayed elimination of milk sugar, and (2) those with normal milk sugar elimination, but delay in excretion of salt and iodin. Each group has associated with it certain clinical manifestations of nephritis which are not found in the other group, all indicating that the two types of nephritis occur distinctly in the human being, similar to the experimental forms produced in the lower animals.

The Nature of Edema.

Before the discussion of these clinical manifestations, a brief reference to the nature of edema may be made.

Edema is a manifestation of water retention; but what causes the edema itself? Large quantities of water may be infused into the body and yet no edema appear. Magnus and Richter were able to produce it experimentally only when in addition to renal poisons other *substances which injured the blood vessels,* as amyl nitrite or chloral hydrate, were administered at the same time. One drug, uranium, has been found to produce nephritis accompanied by edema, and investigation showed the blood vessels to be damaged as well as the kidneys.

In the occurrence of edema the question of *salt retention* must be considered. Widal provoked edema in nephritics by giving them salt. Before edema appears, however, there is what might be called a pre-edematous stage in which water is retained in the body, and manifested not by edema but by a gain in weight. An adult may in this way retain 13 pounds of water without the occurrence of edema. If now the patient be given salt, the pre-edematous stage is succeeded by that of visible edema. For this reason the frequent *weighing* of nephritics, without edema, is important.

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Vascular Nephritis.

We have now to consider the two forms of nephritis clinically. As the type of pure *vascular nephritis,* that form in which salt and iodin are eliminated normally, but in which milk sugar excretion is delayed, we have the so-called *contracted kidney,* the *chronic interstitial nephritis.* Patients with this condition consult the physician because of *cardiac* symptoms.

Examination shows hypertrophy, accentuated aortic second sound, beginning sclerosis of the aorta and peripheral vessels and high blood pressure. They appear healthy, but are of the apoplectic type. Urin is abundant, and of low specific gravity; albumin and casts are rare or entirely absent. Edema is almost always absent, and when present is due to failing cardiac compensation. Hemorrhages from the nose, stomach, uterus, lungs, scleræ and retina, and apoplexy are frequent. True albuminuric retinitis does not occur, nor does uremia except in the terminal stages. Subjectiv symptoms, as hemicrania, substernal pressure, asthmatic attacks, sleeplessness, angina pectoris and attacks of rudimentary pulmonary edema are frequent. These are commonly looked on as uremic symptoms, but are probably vascular phenomena, as are occasional attacks of transient hemianopsia and paresthesia of the hands and feet. As a cramp of the coronary vessels may cause angina pectoris, a cramp of the cerebral vessels may produce transient hemiplegia or aphasia.

All these so-called *vascular crises* of Pal are the result of the arteriosclerosis and high blood pressure. An important symptom is that if an increased quantity of water be given it is promptly eliminated; and, on the other hand, if the quantity given be suddenly cut down, the subsequent urin will show a distinct rise in specific gravity. In other words, this kidney retains the ability to concentrate the urin; this ability to concentrate is lost in tubular nephritis.

Acute Vascular Nephritis.

Besides this chronic type, there is an *acute vascular nephritis.* Following tonsillitis or some cases of scarlet fever, less often after diphtheria or exposure to cold, there appear hematuria, albumin and casts. Edema is slight, if it occurs at all, and disappears very early. The quantity of urin is usually normal, the patients feel well and the mild symptoms are often overlookt. The characteristic thing is the presence of albumin and blood. As in the chronic cases, functional tests show delay in milk sugar elimination, while salt and iodin are passed out normally. Signs of involvement of the vascular system appear early. Within six or seven weeks a rise of blood pressure to 140 or 150 mm. Hg may be found, whereas in the ordinary nephritis several months to a year or more may go by before any rise is apparent. Because of the mild symptoms many cases are considered benign, similar to orthostatic albuminuria.

By means of these functional tests such a vascular nephritis can often be demonstrated at the close of many febril diseases, when clinically no signs of nephritis are evident. The same is true in lead poisoning. The characteristic early rise in blood pressure is evidence that the irritant affecting the kidneys affects the general vascular system at the same time, acting somewhat like the toxin of syphilis. It is probable, therefore, that the contracted kidney is only a part of a general blood-vessel affection, the vascular disease with the consecutiv cardiac hypertrophy being not subordinate but coordinate.

Occasionally following a vascular nephritis considerable *edema* may develop, indicating not a new infection, but extension of the disease to the tubules. This is easily understood when we remember that the vas efferens of the glomerulus, in its further course, goes to nourish the tubules, so that disease of the glomerular system, extending to the intertubular vessels, may produce nutritional changes in the tubules similar to degeneration of the heart muscle following coronary disease.

Tubular or chloremic nephritis shows functionally delay in elimination of iodids and chlorids, but a normal excretion of milk sugar. (As sodium chlorid may provoke edema in this class of patients, it is better in making the tests to use only the iodids.) Whereas 0.5 gram (7½ grains) of sodium or potassium iodid are normally all eliminated in forty or at the most fifty hours, in these patients the urin will show iodin after sixty, eighty or one hundred hours.

Clinically this form shows edema, scanty urin and abundant albumin. The sediment is rich in casts and epithelium, and in the chronic cases contains lipoids. Blood corpuscles are few or absent. Specific gravity is low, while the sodium chlorid content is greatly lessened. The edema fluid, on the contrary, may contain much sodium chlorid. Cardiac hypertrophy, high blood pressure, hemorrhages, true albuminuric retinitis and uremia are all absent, except possibly in the terminal stages.

The *edema* is characteristic; it does not appear especially in the dependent areas, as in cardiac edema, but in the loose connective tissue, as that of the eyelids, buttocks, scrotum, dorsum pedis and around the Achilles tendon. The patients are not dyspneic and cyanotic as in cardiac edema, and the skin is usually warm, tho pale. Death is not in uremia, but in extreme dropsy, with edema of the lungs.

Azotemic Nephritis.

A third form, which still lacks an experimental analog and is hard to demonstrate functionally, is azotemic nephritis, in which the prevailing symptoms are those of uremia.

Uremia may be defined as a urinary intoxication, thru the medium of disintegration products of albumin. Its most characteristic feature is an increase in the rest nitrogen of the blood serum. If a normal individual be given an excess of nitrogenous food, the excess nitrogen is eliminated thru the urin within twenty-four hours. In a patient with azotemic nephritis, several days will be required to eliminate this excess, even tho such patients can dispose of a small amount thru the skin and bowels. These patients, on taking albuminous food, suffer exacerbation of their uremic symptoms, these symptoms being headache, great tiredness, disgust for meat, nausea and vomiting. The vomit may smell of ammonia and the stools be strongly alkaline. Later come diarrhea, convulsions and unconsciousness. It is in these cases that true albuminuric retinitis occurs and occasionally hemorrhagic pericarditis and pleuritis. Necropsy often reveals intestinal ulcers. This form may

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occur without edema or high blood pressure, and the functional tests show normal elimination of salt and milk sugar, while autopsy reveals no marked changes in the circulatory system. While we know what parts of the kidney eliminate salt, iodin and milk sugar, the site of elimination of the nitrogenous bodies is still a mystery.

This form may be diagnosed clinically by placing the patient on a definit diet, as milk, the nitrogenous value of which is known and observing the daily nitrogen output. Ten grams (2½ drams) urea are then given and the time required for its elimination determined, which will usually be found to extend over several days. Should a uremic attack be approaching, a decrease in the daily nitrogen output will be observed, without giving any urea.

Uremia with edema means a combination of the tubular and azotemic forms. It is especially seen in scarlet fever epidemics. The azotemic feature occurs either in the beginning of a nephritis, as in the scarlatinal variety, or it occurs late, when the uremia forms the closing chapter of a chronic nephritis.

Treatment.

This is principally *dietetic,* and only the bare principles of dietetics can be mentioned here.

1. In *tubular nephritis* there is especially impaired elimination of *chlorids* and retention of *water* in the body. Administration of salt to such patients will cause edema or increase what already exists. Conversely, *by withholding salt* from the food it is possible to bring about the elimination of the excess salt in the body and with it the retained water. To illustrate:

The total quantity of blood in the body averages 5,000 c.c. (5 quarts). Considering this a 0.7% solution of sodium chlorid, the physiologic salt solution, the individual will have in his tissues 35 grams (8¾ drams) of sodium chlorid. If an excess of salt, say 20 grams (5 drams) be given to a patient with tubular nephritis, he is unable to eliminate the excess, which must be retained in the body. To bring this into a 0.7% solution, the normal concentration, 3,000 c.c. (3 quarts) additional of water are required; but such an increase in water will change the relation between the plasma and corpuscles, so that instead of being for example 2 to 1 as before, it will be 3 of plasma to 1 of corpuscles, a hydremia. The hydremia injures the endothelium of the blood vessels and allows the passage out into the tissues of some of the fluid with its dissolved salts, constituting edema.

If this patient now be given a salt-free diet, he will continue to excrete a small quantity of salt in the urin, this salt coming from the edema fluid and taking with it its proportional quantity of water, so that in this way the entire edema may be got rid of. A salt-free diet does not mean the customary milk diet, which in the usual daily quantities contains from 4 to 5 grams (60 to 75 grains) of salt. *Fats* and *carbohydrates* should compose the greater part of the food. Bread, containing 0.1% of salt, as compared with the usual 1%, and butter, washt in ice-water, to get rid of the salt, may be given. Soups should be absolutely forbidden, because of the low nutritiv value, large quantity of fluid and salt, and of the thirst occasioned.

2. In the *azotemic form* there is retention of nitrogenous bodies. The aversion to meat so often seen in these cases gives a clue to treatment. In acute cases, von Noorden's rule to feed exclusivly on water and carbohydrates in the form of fruit-juices and sugar, for at least eight days, is to be recommended, with venesection, followed by infusion of dextrose solution, for the desperate cases.

Again referring to the classic milk diet, the quantities usually given contain more nitrogen than an equivalent quantity of meat (700 c.c. [1½ pints] milk = 100 grams [3 1/3 ounces] beef). It is also true that the rest nitrogen of the blood reaches its highest point during the uremic attack. For these reasons the food should be reduced to the lowest possible nitrogen content and the diet consist chiefly of *carbohydrates* and *fats.* Salt and water may be taken freely, there being no tendency to edema. In chronic cases a difficulty is experienced in abstaining from nitrogenous food in that it ultimately results in wasting of the muscular tissues, the body drawing on them for the small amount of nitrogen absolutely necessary for metabolism. To avoid this danger, a minimum of 1 gram (15 grains) albumin per kilogram (2 1/5 pounds) of body weight may be allowed daily, preferably in the form of milk.

3. In *vascular nephritis* the symptoms depend on changes in the circulatory system. Von Noorden first taught that contracted kidney must be treated like heart disease, that whatever spared the kidney spared the heart. To lessen the irritability of the blood vessels is the first essential of treatment and nothing accomplishes this so well as to reduce the amount of fluid given.

Once more referring to the older treatment of from 3 to 4 liters (quarts) of milk daily, so much fluid will further irritate the blood vessels and contribute to the high tension, hypertrophy and other vascular symptoms. It is a safe rule to keep the total intake of fluid close to 1 liter (1 quart) per day. Carbonated waters are especially to be avoided; they push up the diaphragm and by increasing the hyperemia of the gastric mucosa, cause greater absorption of fluid from the stomach. Since the chlorid and nitrogen elimination is not disturbed, these can be given more freely than in the other forms. If the patients are accustomed to alcohol, a small quantity may be permitted with probably no harm. Tobacco must be almost, if not entirely forbidden. Full baths, either hot or cold, should be forbidden because of the changes produced in the circulation. Should *edema* develop in contracted kidney, it is almost certainly due to cardiac weakness and should be treated by *rest in bed,* and *digitalis,* treatment of the nephritis proper being deferred until the edema disappears.

In *acute vascular nephritis,* the best results are obtained by stopping fluids absolutely. Such patients may be given almost any food they wish, provided no liquids are allowed.

Summary.

1. By means of these tests, in combination with the clinical features, all cases of nephritis may be classified as tubular, vascular or azotemic.

2. Such a classification is of value from the point of view of treatment.

3. Many cases will be found in which a combination of the types exists, but one type will

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always predominate and indicate the special line of treatment.

4. Treatment, to be rational, should aim to spare that part or function which is especially incapacitated. This may be accomplished by excluding chlorids in tubular nephritis, nitrogenous food in the azotemic variety, and restricting, or excluding fluids in the vascular form.

A Hypnotic Mixture.

The last issue of Gould and Pyle's "Cyclopedia of Medicin and Surgery" advises the use of a mixture of veronal and sulfonethylmethane in the proportion of 2 parts of the former to 1 part of the latter; *i. e.*, 8 grains of veronal combined with 4 grains of sulfonethylmethane. This combination not only enhances the efficacy of the veronal, but reduces the cost of the hypnotic. Such a combination, in doses of 8 to 12 grains, given in any hot liquid, induces a sleep which is practically normal. This does not affect the heart, circulation or kidneys, and is free from after-effect. It is quite generally understood, of course, that neither of these drugs will act effectivly in the presence of severe pain, morphin, as always, remaining our chief reliance in such cases.

Bouillon Cubes Not Concentrated Meat Essence.

According to analyses of bouillon cubes, besides the common salt which constitutes from 40% to 72% of the total weight, the amount of meat extract ranges from 8% in the poorest brands to but 28% in the very best. The third important ingredient is plant or vegetable extract, which constitutes from 3% to 30%. This plant extract is useful because of its flavoring properties but has slight, if any, nutritiv value. The following table shows exact analyses of ten different bouillon cubes offered on the market:

Source of Manufacture	Salt %	Water and fat %	Approximate amount of meat extract present %	Approximate amount of plant extract present %
1. United States..	62	5.25	28	4.75
2. Germany	65	9	23	3
3. United States..	65	8	18	9
4. United States..	67.5	5	17.8	9.7
5. United States..	59.2	7	17.8	16
6. United States..	49.25	5.75	15.33	29.66
7. United States..	53	4.1	14.6	28.3
8. Germany	72	5.5	14	8.5
9. United States..	72.5	8.5	8.33	10.92
10. United States..	72	8.5	8.17	11.33

Cubes arranged in table in order of content of meat extract.

A compilation of the relativ costs of commercial and home-made meat preparations has resulted in the following table:

Substance.	*Ounces of meat extract obtained for 10 cents.*
Best grade bouillon cubes	1/8
Cheapest grade bouillon cubes	1/12
Best grade semi-solid meat extract	1/4
Cheapest grade semi-solid meat extract	1/3
Best grade fluid meat extract	1/5
Cheapest grade fluid meat extract	1/5
Commercial meat juice	1/10
Home-made beef broth	1/6
Home-made meat and vegetable soup	1/2

Both the bouillon cubes and the meat extracts are stimulants and flavoring agents, but have only a slight food value and are more expensiv than home-made soups. While an actual cup of bouillon prepared from a cube costs only 1 or 2 cents and the same sized cup of home-made meat broth costs approximately 4⅛ cents, the former is largely salt and water without the high food value that the latter might have, particularly for children and invalids. The ingredients of each are given here:

Cup of Bouillon Made from a Commercial Bouillon Cube.

Water	97.78%
Salt	1.48%
Plant extract	1.04%
Meat extract	.60%
Fat	A trace

Cup of Home-made Broth.

Water	95.42%
Fat	1.72%
Meat and meat extractives	1.21%
Salt	1.07%
Undetermined	.57%

Altho the cost of making the beef broth, using expensiv meat, is about 4⅛ cents per cup, the broth contains all the fat of the meat, which is a valuable food and which is practically eliminated from ordinary commercial meat extracts. Also, the meat, after the soup is made, is available for the preparation of hash. The cost could be greatly reduced if the meats are purchast at lower-priced markets or if less expensiv cuts are used; and the home-made broth would still have much greater food value than the bouillon.

A Recipe for Meat and Vegetable Soup.

The bulletin recommends a wholesome meat and vegetable soup which will furnish enuf for a family of five, at a cost of approximately 16 cents. This may be made according to the following recipe:

Ingredients. *Approximate Cost:**

One soup bone, weighing about 24 ounces (one-third meat) ..... 10 cents

After being washt it should be placed in a large kettle with three pints of cold water and heated for three hours, when the bone and meat should be removed.

One quarter of a small head of cabbage, one onion, one carrot, one large potato, two small tomatoes, a little flour, seasoning ..... 6 cents

Chop these vegetables and add to the soup. Boil the mixture for one hour, thicken slightly with a little flour and season with salt and pepper.

The home-made soup made according to the above recipe contains, in addition to meat extractivs, gelatin from the bone, some of the food elements in the vegetables, and a large proportion of the fat and meat of the bone.

The Department's bulletin (No. 27) contains cuts and tables illustrating the relativ contents and food values of bouillon cubes, meat extracts, and home-made preparations, and may be had on application to the Division of Publications, U. S. Dept. of Agriculture, Washington, D. C.

We wish to add that some of the fluid preparations have a large iron (hemoglobin) content not appreciably present in the home-made product.

Internal Uses of Hexamethylenamin.

Dr. A. C. Burnham, of New York City, in the *Medical Record* for July 5, 1913, discusses this

*Price actually paid by Dept. Chemist.

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subject extensivly. He states that hexamethylenamin acts as a poison on the infecting organism much in the same manner as quinin and salvarsan act in malaria and syphilis; that is, it injures the infecting organisms more than it does the body tissues. When hexamethylenamin is given either by mouth or rectum, or by hyperdermic injection, it appears, after a short interval, usually less than an hour, in the urin and in various other secretions, giving to the secretions in every case an antiseptic property. Hexamethylenamin itself has only a very slight antiseptic action, but when added to *acid* urin formaldehyde is liberated by virtue of which the urin becomes antiseptic.

Formaldehyde Liberated in Acid and Alkaline Fluids.

Hexamethylenamin can and does break down in alkaline solutions, especially when there is stasis of the solutions, and when they are kept at body temperature. This takes place both in the body and *in vitro*. These points have been very clearly proven by the experiments of Ibrahim and of Zak, who have shown that when hexamethylenamin is mixt with cerebrospinal fluid and allowed to stand for twenty-four hours in the incubator at 98.6° F., there was a slow but constant liberation of formaldehyde. Zak tested the disinfecting power of hexamethylenamin at different temperatures and found that a 0.5% solution at 98.6° F. was as strong as a 2.0% solution at 62.6° F. We are therefore justified in the assertion that hexamethylenamin has an antiseptic action in alkaline and neutral body fluids when kept at body temperatures, and that this action is greater in those cases in which stasis allows time for the liberation of formaldehyde to take place.

Granted, then, that this drug exerts an antiseptic action in neutral and alkaline fluids when kept at body temperatures, in what types of cases will its use be of advantage? It should be remembered that hexamethylenamin has two great fields of action: first, as a prophylactic against infection; and, secondly, as a curativ agent after infection has already taken place. Its value as a preventiv of infections is an important one, but it is difficult to prove and is too often overlookt.

In Genito-Urinary Diseases.

Hexamethylenamin has been most frequently prescribed in infectiv conditions of the genito-urinary tract. Its value here is well recognized, and it is prescribed in cystitis, pyelitis, and other conditions due to bacterial infection. Ibrahim has shown that the disinfecting power of hexamethylenamin varies for different organisms, and it is possible that, in some cases where the results have been unsatisfactory after its use, an organism especially resistant to the action of formaldehyde has been the etiologic factor. In acute conditions hexamethylenamin should be given in doses of from 20 to 40 grains daily. It is said to increase the acidity of the urin, but this has never been clearly demonstrated. In chronic cystitis, especially when due to an enlarged prostrate, it is of great value. In such cases Burnham has seen the drug given over a period of several years without ill effects. In tuberculosis of the bladder he has never seen it used and would not expect any results except in cases where there is mixt infection. It should be more frequently used as a prophylactic. Before every catheterization, before all instrumentation, before every operation and after every wound of any part of the genito-urinary tract it should be used in full doses.

The following routine has been advised for *cystoscopy:* 10 grains are given from four to six hours before the cystoscopy and 7½ grains are given one hour before beginning the instrumentation. For the next forty-eight hours 7½ grains are given every four hours.

When first introduced hexamethylenamin was advised in the treatment of renal and vesical calculi. There are no experimental data to show that it has the slightest value in the treatment of calculi by virtue of any power to cause the solution and disappearance of the calculus, but in many cases it may be of great value in the prevention and cure of the infection which so often accompanies stone.

In Meningitis.

Crowe, in 1908, reported the presence of hexamethylenamin in the human *cerebrospinal fluid,* and by a series of experiments on dogs he showed very conclusivly its value in the purulent types of *meningitis.* The work of Crowe has been substantiated by the careful experiments of Hald, who found hexamethylenamin in the cerebrospinal fluid in some cases as high as 1-25,000. Similar results were obtained by Ibrahim, Weinrich, and many others. Hexamethylenamin should therefore be used in all cases of compound fracture of the skull; before all operations in which the dura is exposed, and in every condition where there is danger of a complicating meningitis, such as cellulitis of the scalp, mastoiditis, etc. Crowe reports thirty-five cases of compound fracture of the skull, in which hexamethylenamin was given as routine, without a single case of complicating meningitis.

In developt cases of meningitis its value is less markt. Brem and Zeiler reported two cases of influenza meningitis which apparently improved under the use of hexamethylenamin, but which finally ended fatally. Crowe gives a very interesting report of a case of *streptococcus meningitis* in a child 7½ years old treated with enormous doses of the drug and ending in recovery. This child was given 939 grains during twenty-two days, an average of 42½ grains a day, and during the first forty-eight hours this child received almost 300 grains. If one child, with a daily temperature of 105° and spinal culture positiv for streptococci, recovers under the exhibition of any drug, a further trial of the remedy is indicated.

Found in Various Body Fluids.

Closely related to the action of the hexamethylenamin in the cerebrospinal fluid, is its action in the *ear.* In 1910 Barton reported the finding of the drug in the fluid discharge from the middle ear, and it has been used in the prevention and treatment of otitis media and mastoiditis. It has also been advised in infectiv rhinitis by Eisenberg and Miller, and has been found in the aqueous humor of the anterior chamber by Gradle. These findings would suggest its use by the specialists in operations in these regions. Crowe's first experiments called attention to the presence of hexamethylenamin

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in the bile, and since then he has used it repeatedly in order to prevent and cure the chronic *typhoid* infections of the gall-bladder. Its use in acute cholecystitis and the chronic inflammation due to gallstones is often followed by very striking results (Chauffard). It should be used as a routine prophylactic before all operations on the gall-bladder or ducts. Its value in infectiv cholangitis is problematic, but theoretically it should be of value. Zak found that, clinically, in a case of *gastric fermentation* due to stasis, hexamethylenamin prevented the fermentativ changes. The patient was given full doses for four days and the vomitus, which had previously been very foul, became odorless and the patient felt much more comfortable. This action might be taken advantage of when operation is contemplated upon a stomach in which putrefactiv changes are taking place.

Hexamethylenamin has been demonstrated in the sputum, in the blister of zoster, in the blood, in the saliva and in other secretions. When present in these secretions it is usually found in sufficient concentration to inhibit the growth of bacteria. Burnham found no record of its presence in the fluid of pleurisy with effusion, in the synovial fluid, or in the peritoneal fluid, altho it is reasonable to suppose that it would be found in these fluids.

Dosage and Administration.

The *dosage* varies with the object in view. In the bladder, small doses of from 20 to 40 grains daily are usually sufficient, while in infection of the gall-bladder and of the meninges extremely large doses must be given. Often from 200 to 300 grains a day are given in severe cases. Burnham found that when action on the meninges is desired, much larger doses may be given if the drug is combined with enuf alkali to render the urin neutral or alkaline in reaction. In this manner he has frequently given 15 grains every two hours for many days without any bladder irritation or any change in the character of the urin.

Hexamethylenamin should always be given *well diluted,* about 1 ounce of fluid being given with every 2 grains of the drug. As it is almost tasteless, it may be added in this proportion to the fluids given. Apparently a very few patients have an idiosyncrasy to hexamethylenamin, and in such patients a small dose may cause hematuria associated with painful and frequent urination. Many such cases have been reported, but it is the general experience that they invariably clear up under the exhibition of fluids and alkalies in large amounts. Rovasic gave rabbits large doses of helmitol, a hexamethylenamin compound, over a period of fifty-three days; at the end of that time there was no pathologic change in the kidneys. Frothingham has reported congestion and hemorrhages of the gastric mucous membrane after the subcutaneous injection of hexamethylenamin in guinea pigs, and gastric irritation and vomiting has often occurred, after the giving of large doses, in human beings. It is apparent then that the chief points of irritation are the stomach and the bladder. In both of these places the normal reaction is acid and formaldehyde is freely liberated. If such an action takes place these are exactly the two regions where it can be most easily controlled by the action of alkalies.

The mode of administration is usually by mouth, but should the occasion demand it, it may be given either by rectum or subcutaneously. The last method has been advised by Gundrum, who says: "The ordinary tablets were merely boiled in water and injected rather deeply into the thigh." He says that thirty grains at a dose may be given in this manner with only a very slight reaction. In the same manner the drug has been given by intraspinal injections in the course of the treatment of meningitis.

In conclusion Burnham calls attention to three cardinal points in the use of this remedy, and urges that unfavorable reports regarding ineffectivness and toxicity be discounted unless these three points receive careful consideration: (1) Hexamethylenamin must be given early, (2) it must be given in sufficient doses and (3) it must always be given in sufficient dilution.

Mortality Statistics of the United States.

The mortality statistics of the United States for 1912 are contained in the report on that subject just publisht by Director William J. Harris, of the Bureau of the Census, Department of Commerce. It is the thirteenth annual report of the series and was prepared under the supervision of Dr. Cressy L. Wilbur, chief statistician for vital statistics.

The mortality statistics include only those states and cities in which the registration of deaths is approximately complete. This area, known as the "registration area for deaths," embraced nearly two-thirds (63.2%) of the total estimated population of the United States in 1912, as compared with only a little over two-fifths (40.5%) in 1900. The increase is gratifying, and there is widespread interest thruout the country, especially in the South, in regard to vital statistics. Virginia has just been admitted, as the result of the model law adopted in 1912, and laws of like character are now in operation in other Southern states, namely Kentucky (admitted for 1911), Mississippi, Arkansas, North Carolina, and Tennessee. Activ efforts to secure such legislation will be made in Georgia, South Carolina, Illinois and Iowa at the next session of their legislatures.

Death Rate.

The total number of deaths registered was 838,251, corresponding to a death rate of 13.9 per 1,000 population. The rate is the lowest on record, that for 1911, previously the most favorable year, being 14.2. The year 1912 was also unusually healthful abroad, a new low mortality figure of 13.3 per 1,000 being establisht for England and Wales.

By sex, there were 459,112 deaths of males and 379,139 deaths of females. The proportion of deaths of infants under 1 year to total deaths (17.6%) was slightly lower than that for 1911 (17.8%). Full details are given of the deaths during the first days, weeks, and months of life of the 147,455 babies who died before they reacht their first birthday, but satisfactory figures for infantil mortality cannot be given because of the very general neglect of effectiv birth registration. The bureau is making an earnest effort to remedy this condition and will publish statistics showing what states and cities enforce their laws for this purpose in its next report.

Attention is also called to the desirability of a full statement of the facts in regard to deaths of nonresidents and deaths in hospitals and institu-

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tions as required on the standard certificate of death, also relativ to more precise statements of causes of death and the duration of illness. A booklet has recently been distributed to all physicians in the United States in order to secure their aid for this purpose.

Death Rate from Principal Causes.

Diagrams show the variations of the death rate from all causes and important diseases since 1900. Tuberculosis markedly decreast, altho it still causes a vast number of unnecessary deaths—90,360, or 149.5 per 100,000 in 1912. This was 10.8% of the total mortality. Next came organic diseases of the heart, with 86,179 deaths (adding endocarditis, they slightly exceeded tuberculosis), acute nephritis and Bright's disease (62,267), pneumonia (51,495), congenital debility and malformations (48,596), cerebral hemorrhage and softening (46,797), cancer (46,531), and diarrhea and enteritis of infants under 2 years of age (42,482). There were 63,385 deaths from external causes, of which 49,775 were due to accident, 9,656 to suicide, and 3,954 to homicide. The suicide rate (16 per 100,000 population) was slightly lower than that for 1911 (16.2) and is the same as the average from 1906 to 1910.

Typhoid fever, with 9,987 deaths (16.5 per 1,000), showed a notable decrease from the preceding year (12,451) and a most gratifying reduction from the average rate for the five-year period 1901–1905 (32). In other words, it has been cut in half in the last decade, altho our rate is still high as compared with some European countries.

A feature of the reports for 1912 and 1911 is the introduction of standardized death rates, instead of the crude death rates, which are sometimes misleading, on account of differences in the sex and age distribution of population. Area with large proportions of colored population and nonresident deaths may show rates far in excess of those of their resident white population.

Awakening of the Newspapers.

Quack doctors are the most vulnerable of big game. How astonishingly tender their commercial susceptibilities are has been shown by the Chicago *Tribune*. One week of exposure thru the *Tribune's* columns practically ruined every venereal disease quack in the city. Some shut up shop and disappeared. Others sat idle in empty offices, forlorn spiders at the center of flyless webs. Never before was so powerful and profitable an industry brought to such instant wreckage. What destroyed this pirate trade was not alone the direct result of the exposures, definit and potent tho that was. The lethal blow was the eviction of all this class of advertising from the daily press. Within four days of the *Tribune's* declaration of war every morning and afternoon paper in the city, whether printed in English or in some other language (and there is a great number of Chicago newspapers publisht in foreign tongues), which was carrying this class of copy had been shamed or alarmed into throwing it out. The evening paper of William R. Hearst, who a year ago bragged mightily of having foregone his alliance with quacks, was forced to exclude advertising which represents in the neighborhood of $70,000 a year blood money to that apostle of journalistic purity. Finally, the militant *Tribune* gives notice of its intention to stir up prosecutions under the law; or, if the present law be inadequate, to agitate for the enactment of a stronger statute under which the malefactors may be brought to book. In view of this newspaper's establisht reputation for carrying out whatever it undertakes to the fullest conclusion, it is a fairly safe prophecy that in Chicago the venereal quackery game is up Out in Seattle the *Sun*, a lusty infant of Far Western journalism, performed a like service for its city; and some years ago the Cleveland *Press* made a valiant but only partly successful effort in that vicinity. But the Chicago campaign has been by far the broadest and most significant. On its letterhead the *Tribune* terms itself "The World's Greatest Newspaper." To our mind its antiquack victory goes far toward making the boast good.—*Collier's Weekly.*

A Profession or a Game?

The practise of the law is a calling of great possibilities for development and accomplishment, for good or evil. Its path is choked with temptations, and its disciples rise high or sink low. In time it becomes a profession, a business, or a game. The profession, ennobling, inspiring, protecting, has made it possible to write grand pages of history. The business begins and ends with a livelihood. The game, oblique, insidious, undermining, is one of the most disintegrating of all the baneful inventions of the brain.—*"The Upas Tree."*

EXAMINATION QUESTIONS

Ohio, June, 1913.

MATERIA MEDICA AND THERAPEUTICS.

1. Briefly discuss the serum and vaccine theories.
2. Name four principal serums, give mode of administration, dose, and use of each.
3. What drugs would you use in anemic conditions? Write two prescriptions using the drugs named.
4. Mention two intestinal antiseptics. Give therapeutic use and dose of each.
5. Name three hypnotics; indicate use and dose of each.
6. State the physiologic action, use, and administration of hot and cold water.
7. Name two cardiac stimulants and sedativs, and indicate dose of each.
8. Give the composition of Dover's powder. State its action, use, and dose.
9. Give the physiologic action of nux vomica, name its principal alkaloid, and state its use and dose.
10. Give the range of indications for the use of galvanism and high frequency currents.

Answers.

1. *"Serum-therapy proper* is the prophylactic and curativ treatment of certain infectious diseases by the subcutaneous or intravenous administration of a blood-serum containing an antibody (antitoxic, bactericidal, etc.) which is specific to the particular disease. As generally used, however, the term includes also the treatment of some of these affections by vaccines and by the toxic products (toxins) of attenuated cultures of their respectiv microbes; but these toxins, tho sometimes grown on blood-serum, may be produced on other media, and are never administered in a blood-serum, as the antibodies invariably are."

"*Bacterial Vaccines.* The term vaccine was originally applied to the infectiv virus or antigen of vaccinia (cowpox), but in modern usage has been extended to include the antigens of all infectious diseases. In the preparation of stock vaccines the pathogenic bacteria are grown in pure culture, then killed by heat, suspended with their toxin in steril physiologic salt solution, protected from contamination by an antiseptic, and standardized to contain a definit number of bacteria in each cubic centimeter. They are used by injection, subcutaneously or intravenously, to develop in the patient's body a condition of activ immunity against the corresponding pathogenic germs or their toxins by raising the opsonic value of his blood and thereby promoting the phagocytosis of invading bacteria. The advantage of this activ immunization for prophylactic purposes depends on the facts that these vaccines are incomparably cheaper and simpler to prepare than the sera, and that the activ immunity conferred by them is more durable than the passiv immunity produced by the latter. On the other hand, their immunity does not set in imme-

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diately, as is the case with the passiv form, but only after 8 to 14 days of treatment." (Potter's "Therapeutics and Materia Medica.")

2. FOUR SERUMS. (1) *Antidiphtheritic serum* (against diphtheria); administered subcutaneously; dosage, average about 3,000 units, immunizing dose for a well person about 500 units. (2) *Antitetanic serum* (against tetanus); administered subcutaneously, or into the spinal subarachnoid space; dose, 10 to 20 c.c. repeated if necessary. (3) *Meningococcus serum* (against cerebrospinal meningitis); administered into the spinal canal after lumbar puncture and withdrawal of about 40 c.c. of the spinal fluid; dose about 20 or 25 c.c. (4) *Antirabic serum* (against rabies); administered subcutaneously; for about two weeks several injections are made daily with viruses of gradually increasing strength.

3. In *anemic conditions* iron, arsenic, nux vomica, and manganese are recommended.

(1) ℞ Massæ ferri carbonatis ʒij.
Divide in pilulas no. xxx.
Signa: Take one after each meal.
(2) ℞ Liquoris potassii arsenitis ʒj.
Signa: Take five drops in water, after each meal.
Increase the dosage according to directions.

4. *Two intestinal antiseptics:* Salol, dose 5 to 20 grains; and sodium phenolsulfate, dose 5 to 20 grains. They are used to control fermentation and putrefaction in the stomach and intestins.

5. *Three important hypnotics:* (1) Chloral hydrate; dose, gr. xv to xx. (2) Sulphonal; dose, gr. xv to xxv. (3) Trional; dose, gr. xv to xxv.

Indications: They are all used to produce sleep (when no pain is present).

Chloral hydrate produces a natural sleep, acts promptly, but is of no service if pain is present; it also lowers the body temperature. It can be given for a long time without deleterious effect, but it may irritate the tissues and weaken the heart or cause headache.

Sulphonal produces a natural sleep, but is of slow action, requiring 3 or 4 hours to take effect; it is of no use if pain is present, does not irritate the tissues and weaken the heart, but is probably not so good for continuous use as chloral hydrate, tho the two may be taken alternately for a time.

Trional is very similar to sulphonal, but is more soluble, and acts quicker. Both sulphonal and trional are supposed to be safer than chloral.

6. *Therapeutics of water:* "Cold baths are employed in the treatment of febril diseases, more particularly typhoid fever. It is important that frictions should be maintained all the time the patient is in the water. Various modifications of the full cold bath are also employed. Ice-water baths are of great service in sunstroke or thermic fever, and cold water may be injected into the bowel when the skin is cold but the central temperature high. Large injections of cold water are also useful in dysentery. Ice bags are sometimes applied to various parts of the body for the purpose of controlling inflammatory action and also for the hemostatic effect of the cold. Warm baths are employed to soothe pain, alleviate muscular and mental fatigue, promote sleep, and relieve spasmodic conditions and internal congestion. Hot baths and the hot pack are useful in renal disease and uremia, and in commencing colds, on account of the free diaphoresis they induce. Localized hot baths aid in the same way as general ones, but are less pronounced in their effects. In various painful affections of the eye much relief may be afforded by the application of hot water on cotton pledgets frequently renewed, or by allowing the water to drop continuously on the eye. Internally water is of great service in keeping the urin diluted, and its free use tends to prevent the formation of gallstones, as well as of gravel or urinary calculi. A glass or two of water swallowed upon rising often has the effect of causing an evacuation of the bowels. Tepid water, sometimes with the addition of mustard, is very commonly used as an emetic." (Wilcox's "Materia Medica.")

7. *Two cardiac stimulants:* Alcohol, dose 1 ounce of whiskey; aromatic spirit of ammonia, dose 30 minims.

Two cardiac sedativs: Aconite, dose 10 minims of the tincture; diluted hydrocyanic acid, dose 1 minim of a recent preparation.

8. *Dover's powder* consists of 10 parts of ipecac, 10 parts of powdered opium, and 80 parts of sugar of milk. Dose gr. vijss. It is an expectorant, and diaphoretic; often, an early dose may avert a threatened cold; it is also of sedativ action, and is useful in cases of irritativ cough.

9. NUX VOMICA. *Official alkaloid:* Strychnin, dose gr. 1/60 of the sulfate. *Physiologic action:* It excites the digestiv secretions, increases the appetite, increases peristalsis, and improves the digestion; it is a vasoconstrictor, it raises blood pressure, and is a cardiac stimulant; it is also a respiratory stimulant; hearing and sight are rendered more acute. *Therapeutic indications:* As a general tonic or bitter; in indigestion, cardiac depression, impaired peristalsis, pneumonia, phthisis, amenorrhea, dysmenorrhea, impotence, some forms of paralysis, chorea, epilepsy, neuralgia, alcoholism, and urinary incontinence.

10. *Electricity* is employed in medicin to restore functional activity to peripheral nerves and muscles when conduction has not been completely cut off by some irreparable lesion; to promote general nutrition; to arouse the nerve-centers in states of depression; to combat various sensory disturbances which are of a functional character or which depend upon minor lesions of the peripheral nerves or their centers; to effect the rapid passage of drugs thru the unbroken skin (cataphoresis); to bring about the coagulation of blood in aneurismal sacs; to favor the absorption of inflammatory or degenerativ products; and in the form of the galvanocautery, to excise or destroy hypertrophied tissues or morbid growths." (Stevens' "Modern Materia Medica.")

"General applications of high frequency currents are indicated in rheumatism, rheumatoid arthritis, gout, diabetes, anemia and general debility. Local applications are employed with success in some disease of the skin and mucous membranes—such as pruritus, psoriasis, lupus, acne, eczema, obstinate ulcers, alopecia areata, etc." ("Essentials of Medical Electricity.")—*Medical Record.*

(To be continued.)

BOOK REVIEWS.

A PRACTICAL TREATISE ON THE CAUSES, SYMPTOMS AND TREATMENT OF SEXUAL IMPOTENCE AND OTHER SEXUAL DISORDERS OF MEN AND WOMEN. By W. J. Robinson, M.D., chief of the Dept. of Genito-Urinary Diseases and Dermatology of Bronx Hospital, etc., New York City. 422 pages. Publisht by Critic and Guide Co., 12 Mt. Morris Park West, New York City. Price, $3.

Dr. Robinson very carefully and thoroly discusses various sexual disorders, such as masturbation, pollutions and spermatorrhea, sexual impotence in the male, sexual neurasthenia, sterility, sexual disorders in women, priapism, sexual perversions, etc. The author is a master of his subject and has produced a work of exceedingly great value. It will be appreciated by all medical men who very frequently meet cases included in this category and require aid. A section on prescriptions gives the author's favorit methods of exhibiting certain drugs and combinations of drugs. It will be found a very useful book for a class of prevalent disorders.—J. C. R.

MANUAL OF MEDICIN FOR NURSES. By George H. Hoxie, M.D., Physician to the German Hospital, Kansas City, Mo., and Pearl L. Laptad, formerly Principal of the Training School for Nurses of the University of Kansas. 351 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $1.50, net.

It contains a Table of Poisons and Poisoning, and also a table of abbreviations used in medicin. Directions are given (illustrated) for performing artificial respiration. Method of instilling eye drops is illustrated, as is also method of treating ulcers in the mouth. There is no word which will aid or encourage the nurse or mother to attempt to prescribe, but the text teems with valuable information for those who attempt to follow the physician's orders. We have never seen a book of this class with so little in it which was objectionable. Scant space is given to either diagnosis or medication. Any physician may hand the book to nurse or mother in perfect confidence that they will be taught nothing which they should not know, and that they will be aided greatly in following details of nursing which would harass the physician were he compelled to give extended directions for performing.—A. L. R.

LONDON PUBLIC HEALTH ADMINISTRATION. By W. McC. Wanklyn, B.A.Cantab., M.R.C.S., L.R.C.P., D.P.H. Publisht by Longmans, Green & Co., London, New York, etc. 59 pages. Price, 90 cents, net.

This is a small book giving a summary of the principal authorities, with their origin, services

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ind powers within the metropolis of London. It vas designed to meet the requests of many vis-tors to London. Americans visiting London will ind the book a compact guide on the subject.—. C. R.

PATHOLOGIC INEBRIETY: ITS CAUSATION AND CURE. By J. W. Astley Cooper, Medical Superintendent and Licensee of Ghyllwood Sanatorium. Cumberland. 148 pages. Publisht by Paul B. Hoeber, 69 East 59th St., New York, N. Y. Price, $1.50.

The text is intended both for the profession and for non-medical persons interested in temperance work. It is a clear exposition of the symptomatology and treatment of the various forms of pathologic inebriety. It has a commendatory introduction by Sir David Ferrier, who has been aided by the author in the handling of cases. Penal methods of treatment are declared to be wrong in principle. The author discusses the merits and demerits of the "free" as opposed to licensed retreats for the cure of the liquor habit, and takes the ground that successes often follow compulsory treatment. The customary drug treatments are given, but the author depends to great measure on suggestion. Secret remedies are discust and condemned. The book will give any one a fuller conception of pathologic inebriety and the measures most likely to successfully combat it.—A. L. R.

THE ECLECTIC PRACTICE OF MEDICIN. With especial reference to the treatment of disease by remedies specifically directed to the exact indications exhibited by that disease in the case under Treatment. By Finley Ellingwood, M.D., Professor of Materia Medica and Therapeutics in Bennett Medical College from 1900 to 1907, etc. In two volumes bound as one. Publisht by Ellingwood's Therapeutist Publishing Co., 100 State St., Chicago, Ill.

The first volume contains 446 pages and index, and the second volume has 625 pages and index. The first contains Infectious Diseases; Diseases of Respiratory Passages, Lungs, Pleura, Heart and Pericardium, Valves; Neuroses of Heart, and Diseases of the Arteries. The second has Diseases of Digestiv System, Urinary System; Constitutional Diseases; Diseases of the Blood, Lymphatic System, and Ductless Glands, Muscles, Heat Stroke, Obesity, Intoxications, Parasites; Diseases of Nervous System. Each separate disease is taken up under the main heading and thoroly considered as to definition, etiology, symptomatology, and treatment. There is but little change in this edition. Light-weight paper is used, so that the great mass of material really makes a book of but moderate and convenient size. The publishing of a new edition with but slight alterations proves the original thoroness and satisfactory results from the first text. The author prefers to leave hookworm disease, pellagra and diphtheria unchanged because "our scanty observations on these are by no means complete, and more must yet be determined." The text is remarkably full and complete, and the book is a reliable index to the best and latest eclectic practise. Practicians of every school may learn much from it, and it will open new vistas to the man who reads and follows it.—A. L. R.

THE HEART OF THE ROSE. By Mabel A. McKee. Publisht by Fleming H. Revell Co., 158 Fifth ave., New York. 44 pages. Price, 25 cents, net.

This is a little story to tell the youth to guide him in preserving maidens and himself from unchastity and the demoralizing effects of it. Every youth can read it with advantage.—J. C. R.

REFERENCE HANDBOOK OF GYNECOLOGY FOR NURSES. By Catharine Macfarlane, M.D., Gynecologist to Woman's Hospital of Phila. Second ed., thoroly revised. 156 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Price, $1.25, net.

Preparation for operation; operativ technic, and post operativ treatment follow the methods of Dr. Caroline M. Purnell. The notable changes in this edition are in details of technic—dry sterilization of gloves; iodin preparation of the skin for operation. The book will prove of service to every nurse, since this is a subject too much neglected by those having the instruction of nurses in their hands. By its use the nurse will be reminded of things she would otherwise forget, and a careful study of its pages will teach her things she never knew.—A. L. R.

NURSING IN THE ACUTE INFECTIOUS FEVERS. By George P. Paul, M.D., Visiting Physician to the Samaritan Hospital, Troy, N. Y. Second revised edition. 246 pages, illustrated. Philadelphia and London: W. B. Saunders Co. Price, $1, net.

The text is held rigidly to the requirements of nursing, and scant attention is given to the administration of drugs or to any phase of practise. This edition has some new material, several rewritten articles, and new articles on acute anterior poliomyelitis and paratyphoid fever. The material has been judiciously selected and considerable ingenuity is displayed in giving just what is needed and no more.—A. L. R.

THE MODERN HOSPITAL; ITS INSPIRATION; ITS ARCHITECTURE; ITS EQUIPMENT; ITS OPERATION. By John A. Hornsby, M.D., Secretary Hospital Section. American Medical Association, and Richard E. Schmidt. 644 pages, 207 illustrations. Philadelphia and London: W. B. Saunders Co. Cloth, $7, net; half morocco, $8.50, net.

The title describes the work briefly, but well. It is more; it is a veritable mine of information suited to those not familiar with the modern hospital and its workings. By its perusal many mistakes will be avoided by those planning to build and equip a hospital; by following it, many who are beyond their depth in attempting management for which they have not been thoroly trained, will be saved. It is a safe guide, and will prove its value over and over to those not familiar and experienced, either in the effort to build, to equip, or to manage a hospital.—A. L. R.

A LABORATORY MANUAL OF INVERTEBRATE ZOÖLOGY. By Gilman A. Drew, Ph.D., Assistant Director of the Marine Biologic Laboratory, Woods Hole, Mass., with the aid of present and former members of the staff. Second ed., 213 pages. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $1.25, net.

The recent importance of the protozoa has stimulated many who had little knowledge of zoölogy to study the subject more thoroly. The vast mass of material has discouraged some who would otherwise have followed the subject to a fair understanding. This manual will be the salvation of such, for it sifts and simplifies the mass so that the novitiate may appreciate what is essential.—A. L. R.

THE ELEMENTS OF BACTERIOLOGIC TECHNIQUE. By J. W. H. Eyre, M.D., Director of the Bacteriologic Department of Guy's Hospital, London. Second ed., 518 pages, 219 illustrations. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $3, net.

There are many men working in their isolated little laboratories who will be benefited by such a book as this. It is very complete, practical, and goes into minute details essential to perfect success in experimentation. It is the best "remembrancer" we have ever seen. Of methods given, some are

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new, some are old; but all are proven efficient. Moreover, only such methods have been commended as will prove successful in the hands of beginners in laboratory work. The directions for the examination of water, air, soil, sewage, food, and disinfectants are excellent.—A. L. R.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Fourth ed., 508 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $2.50, net.

This is the kind of a book which proves immensely valuable to medical students, who must often act as nurse in their earlier practise, yet who get no help from lectures or ordinary textbooks on obstetrics. Even minute study of the details of the illustrations will teach most practicians much of modern obstetric nursing. There is nothing in the book which attempts to give the nurse an ambition to practise medicin. For its specified purpose, there is no more practical work, and the physician may hand it in perfect confidence to his trained or student nurses.—A. L. R.

APPLIED BACTERIOLOGY FOR NURSES. By Charles F. Bolduan, M.D., Assistant to the General Medical Officer, Department of Health, City of New York, and Marie Grund, M.D., Bacteriologist, Department of Health, City of New York. 166 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $1.25, net.

Bacteriology now occupies such an important position in medicin that it is essential for the nurse to have more than a mere smattering of knowledge of the science. The secret of giving her only what she need know is one yet mastered by few writers. Only enuf general bacteriology is given in this volume to give her a clear conception of principles, and emphasis is laid on the immediate application of absolute essentials as related to nursing. All ordinary modes of transmission of infection are presented.—A. L. R.

OPHTHALMOLOGY FOR VETERINARIANS. By Walter N. Sharp, M.D., Professor of Ophthalmology in the Indiana Veterinary College. 210 pages, 44 illustrations. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $2, net.

The text comprises the work of the senior year students of the Indiana Veterinary College on the eye of animals, with the exception of dissections and clinical demonstrations. Animals exhibit chiefly external diseases of the eye, and most space is given this class of affections. The words are plain and few, and easily comprehended by any intelligent person. There is scant literature on diseases of the eye in animals, and practise along this line has been too empiric. This text, even in the hands of practicians of human medicin, will save many valuable eyes, for the good physician will always help an animal in distress, in the absence of any veterinarian. It goes without saying that it cannot be dispenst with by any conscientious veterinarian, and should appeal to every animal lover.—A. L. R.

NUTRITION AND DIETETICS. A manual for students, trained nurses and for dieteticians. By Winfield S. Hall, Ph.D., M.D., Professor of Physiology, Northwestern University Medical School. 298 pages. Publisht by D. Appleton & Co., New York, N. Y. Price, $2.

The judgment and experience upon which the text is based result from ten years' teaching of medical students and nurses. The basic thought is nutrition and dietetics. It is more than a compilation of recipes, for the author endeavors to explain what nutrition means; it is more than a list of foods and food properties, for the author strenuously strives to impart an actual knowledge of dietetics to his reader. Physiologic chemistry has due attention thru the fundamental principles and essential facts, it being assumed that the student has knowledge of elementary chemistry and knows something of the preparation of foods in the kitchen. The book is on a somewhat higher plane than is noted in the ordinary textbook on dietetics, but withal it is clear, concise, and eminently practical.—A. L. R.

THE DISEASES OF CHILDREN. By Henry E. Tuley, M.D., late Professor of Obstetrics in Univ. Louisville, etc. 684 pages, 106 cuts, 3 plates. St. Louis: C. V. Mosby Co., 1913. Price, $5.50.

This excellent volume is a thoro exposition of the subject of diseases of children from the newborn onward. The various subdivisions, such as milk modification, examination of infants, various diseases, etc., are given in full. The illustrations are superb, the frontispiece being a lithograph showing Koplik's spots. Characteristic attitudes in cerebro-spinal meningitis are depicted. Altogether it constitutes a work on modern pediatrics that will be appreciated by its readers.—J. C. R.

THE NEWBURGH SURVEY. Reports of limited investigations of Social Conditions in Newburgh, N. Y. By the Department of Surveys and Exhibits of Russell Sage Foundation, Zenas L. Potter, Director of Field Work. Publisht by Russell Sage Foundation, 128 E. 22d St., New York. Price, 15 cents. 104 pages.

At the request of citizens of Newburgh, N. Y., the above-named institution investigated the various social conditions in that city and has made some fatal comparisons, in which Newburgh appears in an undesirable condition. This is what the citizens desired to know, and now that they know, it will make improvement easier. Social workers and citizens of other towns may profit by a careful study of the book and applications of the facts learned. The subject is illustrated with photografs and charts.—J. C. R.

SYSTEMATIC CASE TAKING. A Practical Guide to the Examination and Recording of Medical Cases. By Henry L. McKisack, M.D., M.R.C.P., Physician to the Royal Victoria Hospital, Belfast. Sold by Paul B. Hoeber, 69 East 59th St., New York, N. Y. 158 pages. Price, $1.50.

The clear-cut clinical clerkship necessary in intelligent case-taking is a rare acquisition, and yet every physician needs to save all the time possible and have his records shorn of all but essentials. Systematic case-taking is the surest road to accuracy in diagnosis. These are the things this book seeks to teach, and yet it is even more than a teacher along these lines, for it is a text on physical diagnosis. Its perusal cannot help making any physician more accurate, observing, quick, and in every way a better diagnostician.—A. L. R.

SOLIDIFIED CARBON DIOXID IN THE SUCCESSFUL TREATMENT OF CUTANEOUS NEOPLASMS AND OTHER SKIN DISEASES. With special reference to Angioma, Epithelioma, and Lupus Erythematosus. By Ralph Bernstein, M.D. 91 pages. Publisht by Frank S. Betz Co., Hammond, Ind. Price, $1.

The text is intensely practical and aims to teach the reader all that is known concerning the methods of application of this agent in skin affections. Method of preparation of the pencil, duration of contact, amount of pressure, after effects, and a number of other items are taken up. There are many illustrations of cases taken before and after being treated, showing the results. The author

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ates plainly where he has had many cases and ccesses and where he has had but few cases or different success.—A. L. R.

THE "MEN'S SPECIALISTS" FRAUDS. The Methods Used Quacks in Swindling Their Victims. Reprinted with odifications from Chicago *Tribune* by permission. Publisht by American Medical Association, 535 N. Dearborn t., Chicago, Ill. Illustrated, 143 pages. Price, 10 cents.

This book is an excellent expose of the ways f the quacks in dealing with the victims that fall nto their hands. In these days when well-worded dvertisements will cause people to buy anything ffered, the public knows no better than to seek dvertising doctors. Hence an exposition of the rooked ways of that class is important. Phyicians should know them to tell to their patients. his book will be of much value to many memers of the profession.—J. C. R.

E. MERCK'S ANNUAL REPORT OF RECENT ADVANCES IN HARMACEUTIC CHEMISTRY AND THERAPEUTICS. Vol xxvi, 50 pages. Publisht by Merck & Co., New York.

Contains articles on various subjects, including a liscussion of the uses of lecithin, standardization f digitalis. The publishers state that a few opies remain for distribution among the medical rofession. Those who wish one would do well o write promptly.—J. C. R.

THE BATTLE CREEK SANITARIUM SYSTEM. History, rganization, methods. By J. H. Kellogg, M.D., Superintendent. Battle Creek, Mich., 1913.

This book of 224 pages describes and pictures his great sanitarium and its work, from humble eginnings to its present pretentious dimensions. It is very interesting and instructiv.—J. C. R.

Acknowledgments.

Deforming Arthritis and Intestinal Stasis. By A. B. Hirsh, M.D., Philadelphia.

The Present Status of the Results of the Study of Alcohol in America By Lewis D. Mason, M.D., Brooklyn, N. Y.

The Curativ Treatment of Pneumonia, with Points on Hydrotherapy and Therapeutic Fasting in Fevers. By Chas. E. Page, Boston, Mass.

A Contribution to the Study of Chronic Intestinal Stasis.—The Surgical Treatment of Chronic Intestinal Stasis. By Wm. S. Bainbridge, Sc.D., M.D., New York.

Pellagra.—Tuberculosis. By D. T. McCall, M.D., Rome, Ga.

The Medicinal Treatment of Intestinal Stasis.—The Mechanical Treatment of Chronic Constipation, Intestinal Stasis, etc.—The Treatment of Intestinal Incompetence by Internal Administration of Liquid Albolene. McKessen & Robbins, New York.

Bulletin of the State Board of Health of Kentucky. Biennial Report. Edited and publisht by the State Board of Health of Kentucky.

Thirty-first Annual Report of the Provincial Board of Health of Ontario, Canada, for the year 1912.

Report Relating to the Registration of Births, Marriages and Deaths in the Province of Ontario, Canada, for the Year Ending 31st December, 1913 (43d Annual Report).

Mortality Statistics, 1910. Dept. of Commerce, Bureau of the Census, Wm. J. Harris, Director, Washington, D. C.

When Did It Happen? Publisht by Reed & Carnrick, New York City.

Chronic Intestinal Stasis. By W. S. Bainbridge, A.M., Sc.D., M.D., New York.

What We Are. From a physical and from a psychologic standpoint. By H. D. La Plant, M.D., Sayre, Pa.

Some Reminders, Mostly Diagnostic. Publisht by Fellows Co., New York.

X-Ray Studies of the Ileocecal Region and the Appendix. By James T. Case, M.D., Battle Creek, Mich.

Surgery of the Ileocecal Valve.—Incompetency of the Ileocecal Valve; Disorders Arising from this Condition and Their Treatment. By John H. Kellogg, Battle Creek, Mich.

Remarks on Chronic Intestinal Stasis. By W. S. Bainbridge, A.M., Sc.D., M.D.

Sanatogen. Cottage Cheese—The New Elixir of Life. Publisht by American Medical Association, 535 N. Dearborn St., Chicago, Ill. Price, 4 cents.

OUR MONTHLY TALK.

These Talks used to be considered somewhat in the nature of "crank" talks. Much was said about postal savings banks, parcel post, the initiativ, referendum and recall, government ownership and operation of the telegraf and railroads, government issue of all money, government control of banks, direct election of United States senators, progressiv income and inheritance taxes, etc., etc. Now these Talks are no longer "crank," for most of the above-mentioned things are in successful operation, and government ownership and operation of the telegraf is now being seriously considered by the Post Office Department, and it is likely that we shall soon have a government railroad in Alaska.

Years ago it was talk, talk, talk; argument, figures, etc. The "talk" stage is necessary to prepare for the realization. Now we have a progressiv administration "in the saddle," and we do not have to talk so much nor so long. This administration is anxious to be as progressiv as it can be, safely and successfully—and who could wish more? The extremist who would wish to plunge forward would court wreck and ruin, and inevitable reaction. Hence he would be the worst kind of a reactionary. I would prefer the conservativ reactionary, for he would have his day, after which progress would be rapid and unimpeded by a history of wreck that the extreme radical would court. Our affairs are now in the hands of careful progressivs, who will go as fast as they can safely, and no faster.

So these "Talks" are not as necessary as they formerly were. They have done their work very largely. But comment is expected, and we have by no means reacht the millennium.

ASHDOWN, ARK., January 8, 1914.

Dr. C. F. Taylor, Editor MEDICAL WORLD:

DEAR DOCTOR:—As you have been frank, sincere and free in discussing all subjects of an economic and social nature, in which we are all concerned, I will ask and insist on your opinion on the *Menace*, an anti-Catholic paper publisht at Aurora, Mo. That paper says the Roman Catholics *as a church are trying to get control of our government;* and that they are controlling President Woodrow Wilson in his appointments, thru his private secretary, Joseph Patrick Tumulty, who is a Roman Catholic and also a "Knight of Columbus."

A. B. BISHOP, M.D.

Doctor, I do not believe that there is a particle of truth in this accusation. Any mixture of sectarian "churchianity" with political affairs in this country is always to be greatly deplored. Men should neither be preferred nor rejected on account of connection or non-connection with any church. President Wilson and Secretary Bryan are Presbyterians, but they should not give us a Presbyterian administration, and I do not think they are doing so, nor a Catholic administration. Neither should they give us an anti-Presbyterian nor an anti-Catholic administration. If there are people who think that no Catholic should be appointed to office—that membership in the Catholic church should be a bar to the holding of any office—such a person should be set down as an extremist of the most absurd variety. Our Catholic fellow-citizens have rights just the same as ours, and no administration at Washington should be so unjust and unwise as to ignore them. They should not be recognized, when applying for office, as Catholics, but as *citizens;* and their religion should be no drawback to their prospects for appointment. The same argument should apply to

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the members of any other church, and to those not members of any church.

However, any Catholic who should want office in order to increase the power of his church, should be refused, of course. And this principle should apply to Presbyterians, Methodists and the adherents of any other church. Both Presbyterians and Catholics used to burn their opponents, but they can't do it now, and I do not think they would if they could. They used to have political power, but they haven't in this country, and I hope they never will have. President Wilson is not in the White House as a Presbyterian, but as a citizen. He could never have been put there as a Presbyterian, and I feel certain that no man will ever be put there as a Catholic. I do not know to what extent President Wilson has appointed Catholics to office, but it is a sublime spectacle to see a Presbyterian who can be just to Catholics. It is a sign of real advance among Christian churches. I would hope that a Catholic could be just to Presbyterians.

Mr. Taft, a Unitarian, was very considerate to Catholics, and they liked him. He didn't make his administration a Unitarian administration, nor a Catholic administration. He made it a *Yale* administration.

An interesting little episode occurred here recently. A secretaryship became vacant in the Philadelphia branch of the Ethical Culture Society. It is well known that this society had a Jewish origin, tho it is no longer dominantly Jewish, except possibly in the New York branch. Among the applicants for the secretaryship were a Jew, a Baptist, a Presbyterian and a Catholic. The Catholic got it.

I hope and think the time has come when any man who urges his church membership (whatever the church may be) as a *reason* why he should be elected or appointed to any public office, the urging of such a reason should militate against him instead of for him. Conversely, if his enemies should urge his church membership *against* him, that fact ought to react in his favor. That is, any who dare to bring church into politics should be condemned and defeated.

Time was when the dominant church dominated political affairs. Now, in this country at least, any church which dares to raise its head in a dominating way in political affairs will have the combined opposition, not only of all other churches, but of all other elements in every community. Churches *must* fraternize in public affairs. The public man who seeks to promote his church at the expense of the public cannot and ought not succeed as a public man.

However, let us look at a cheerful and encouraging side of sectarian bigotry and hatred, which is perhaps the most horrible and hellish thing that ever afflicted humanity. Many who are now living can remember when sectarian feeling ran high. Now it has almost disappeared. Neighbors and friends no longer divide on sectarian lines. Sectarian feeling crops up only now and then among extremists and fossils. Most men and women quietly claim and exercise their religious freedom, and willingly concede the same right to everybody else. Churches of different denominations in many communities now co-operate, hold union meetings and emphasize the humanities and the eternal truths to which all can agree. They used to have doctrinal debates and emphasize their *differences*. So there has been real progress in Christianity among Christian churches in the last fifty years; and in the next fifty years we shall see a great deal more.

A Brother Who is Not Very Tolerant.

KEZAR FALLS, ME., December 31, 1913.

DEAR DOCTOR:—You may stop THE WORLD. If I owe anything, please send bill. Inclosed please find a little item, very mild, of your friend Bryan. He is the poorest excuse for the job ever elected. I do not think he would make a good dog catcher. Yours very truly,

F. G. DEVEREUX.

Here is the newspaper clipping which was inclosed:

Bryan the Diplomat.

If we are not in some sort of turmoil with every government to the south of us before Bryan retires from the Secretary of State's office it will not be because we have not made an excellent beginning in the few months since he began to wobble about the place that had been graced by such men as Seward, Blaine, Olney, Hay and others.

First it was Mexico, then it was Santo Domingo, and now it is Ecuador and Venezuela. When Bryan came into office he found that our Minister to Ecuador was Mr. Schuyler, of New York, who had held the place for eight years. He knew the language and the people and was familiar with the ways of diplomacy. He did not remain long. Mr. Bryan had a friend out in Montana who had been a political supporter of his, by name Hartman, and as soon as possible Mr. Schuyler was retired and the Montana man dispatched to this country. He knows nothing of diplomacy, nothing of the people and their language, and the sole recommendation that he had for the position was that he had supported Bryan in some of his political schemes.

Now there is a revolution on in Ecuador and we have this sort of a man there to look after our interests in the very delicate situations that are likely to be created.

In Venezuela it seems that an election has not been held with the promptness that Mr. Bryan has desired and President Gomez has been notified that any further postponement will be looked upon with disfavor by our State Department. Since the banishment of Castro, President Gomez has conducted the affairs of the country well, and it has been peaceful and prosperous. Ordinarily this would be about all that could be asked from one of the republics, but Mr. Bryan thinks they should hold more elections. Of course it is not a particle of business of ours whether they hold one or a hundred elections, but the worst of it is that disapproval of Gomez is likely to encourage the revolutionists and before long we may see fighting in this hitherto peaceful country.

Let us wait till the end of this administration and then give a judgment on the management of the Department of State. I suppose some friends have been appointed because of friendship or party service or both. Lincoln did the same thing—much more of it than Bryan has done. But I hope the time will come when it will not be done at all.

* * *

For the first time taxation of the too rich rather than the too poor is in prospect. A modest beginning is promised in America in the form of the income tax, and the single-tax idea is spreading where, in Henry George's day, it met with stoutest opposition. Inheritances are taxed in conservative Britain on a scale never dreamed of here, and $1,000,000 is collected in death duties from an estate of only $6,500,000. In the world of labor the older "bourgeois" labor organization competes with the new revolutionary one—inspired by European agitators. The mass of dough is very full of yeast—but, at the dawning of the new year, who despairs of the loaf?—Collier's.

Let Us Be Brothers and Not Partisans.

MENDON, OHIO, December 24, 1913.

DEAR DR. TAYLOR:—I am sending check for four years more of good monthly talks. Political and theological discussions are good and wholesome when entered into for education and not for argument's sake. Being a republican, I can truthfully say I like the present work of President Wilson better and *better*. A "republic" under the true principle, democratically administered, is my idea of good government. A Happy New Year to you and all your friends. I am sincerely your friend.

DR. G. R. HAGERMAN.

(Continued over next leaf.)

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The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
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VOL. XXXII MARCH, 1914 No. 3

The National Antinarcotic Bill.

The National Antinarcotic Bill (H. R. 6282) is still pending in the United States Senate. We urged our readers last month to write to the two Senators from their respectiv states and ask them to favor this bill. We have given good reasons for the enactment of this bill and again call the attention of our readers to the advisability of the profession unitedly and openly indorsing and recommending its passage. It does not interfere with any physician dispensing medicin.

Some of our readers have written to us stating their objection to the bill, which is the mistaken belief that it prevents physicians from dispensing drugs to their patients. This is not a fact. In the original bill dispensing was almost prohibited. But that bill was discarded and a new bill drawn up. This new bill does not interfere with physicians dispensing in legitimate practise. It is aimed to locate the persons—physicians or druggists—who are supplying drug addicts with narcotic drugs. This new bill is the one we are now favoring and is known briefly as H. R. 6282 (House of Representatives' bill). One of our readers mentions the sale of laudanum and other opium preparations without restrictions by storekeepers in Maryland and refers to one man in that town addicted to the use of laudanum. That man requires medical treatment for his addiction. The national antinarcotic bill will stop the sale of opium by storekeepers.

A danger confronts the profession if this bill is not passed by the United States Senate. Should this bill fail, at the next session of Congress the druggists' associations will endeavor to have entered and enacted a bill to prohibit physicians from or hamper them in dispensing drugs to their patients. These interferences are done in various ways, and the physicians of several states have been caught napping, as we showed them in our first editorial in the December, 1913, MEDICAL WORLD. If the medical profession knows when it is well off, it will give one big boost to this National Antinarcotic bill and put sufficient pressure on it to get it passed thru the United States Senate. It will then be taken as a model for state legislation.

The state legislatures must be watcht for antidispensing laws. There is where many of them are introduced and passed while the physician goes about his business totally oblivious of the danger threatening his practise.

We are in favor of permitting the physician to retain his ancient privilege of supplying to his patients such remedies as he thinks are required for whatever sickness afflicts them. The arguments that the druggists advance that the physician is not qualified to make the remedies apply equally well to the druggists themselves. They do not make them, but buy fluidextracts, tinc-

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tures, syrups, solid extracts, alkaloids, powders, etc., and are merely mixers, after all; and that is what the physician does with them.

The physician buys a great many remedies already prepared in convenient form so that he is not required to mix them. Some of these are made up according to his own formulas.

As we said above, we are in favor of the physician retaining this privilege, and will warn our readers of the introduction of any bills in any legislativ assembly designed to interfere with this prerogativ.

We hope we have made clear our attitude and also the advisability and even necessity, from the physicians' point of view, of the passage of the National Antinarcotic Bill.

Three New Electric Methods of Seeming Potency.

Each community thruout this continent-country of ours (and all other countries, too, at that) should include at least one practician technically *trained* in scientific electrotherapy. This implies a working course in primary electrophysics and technic under a recognized professor and in an electrical laboratory; then under actual high-class electrotherapists in one of the eastern cities. This specialty, under the leaders in the American Electro-Therapeutical Association, is rapidly becoming an exact science, and it behooves even the general practician to "brush up" on this important field of therapy.

Electricity is so universally found and utilized that very few communities nowadays are without it. All general practicians we feel should be possest of a *talking* knowledge of the most common forms of electrical treatment, and be able to indicate that he knows the names of those promising most actual potency in the relief of disease. Specialists, his educated colleags, and even the most ignorant of his lay patients expect this much of him.

While each of these three methods of treatment is yet under advisement at the hands of the experts, enuf is known of each to place all of them in the class of possessing tangible value in therapy, distinct from anything heretofore known.

Desiccation of living animal tissue is brought about by application of an electrical current of high tension, regulated and controlled by Leyden jars and accurate resonators. Only the static machine produces sufficient steadiness of flow, with ample output, under perfect control. The initial current produced by the static machine of large capacity is stept up by 0.00042 microfarads to each Leyden jar and a perfectly attuned resonator. The spark does not carbonize, but brings about rapid dehydration of the tissue thru rupture of the cell and converting the area to dry tissue. It may be limited to a surface area no larger than a pinpoint, or a considerable area may be desiccated at one *séance*. It can be made to penetrate from the smallest fraction of an inch to more than an inch. It does not affect the blood or lymph vessels, and it directly sterilizes all tissue. The dried tissue acts as a foreign body, and positiv chemotaxis is promoted, with a notably rapid repair, the desiccated crust separating in from three days to a week. Absolutely perfect technic will admit of painless application. In rare cases a general anesthetic is necessary, and in others local anesthesia is used because of hypersensitivness of the patient. Two methods are employed, owing to the depth of penetration desired. For superficial destruction, the electrode does not touch the tissue, but the current is thrown thru the air in sparks of great frequency, the other pole being grounded. For deep destruction the metal point touches the tissue, and a large passiv electrode from the other pole is applied to the body elsewhere. Only one application is necessary for warts and moles, the crust separating in three days to a week, complete healing having been meanwhile accomplisht. There is no contracture, and the tissue soon resumes its normal color. One sitting banishes tattoo marks, angioma, vascular nevi, and pigmentations of the skin. Acne, chronic varicose ulcers; neoplasms of the bladder, rectum and larynx; trachoma, dry granular conjunctivitis, epithelioma, granulating ulcerations of the cornea, and pterygium of the eye; cancer; hypertrophied tonsils; minor nasal growths; granulations on the tympanum; lupus; chancroids; granulations in the urethra; erosions of the cervix; urethral caruncle; keloid; certain forms of eczema, and parasitic skin diseases are said to yield themselves kindly to treatment by desiccation.

Fulguration is employed in connection with operation, as in cancer. After thoro excision the wound is immediately treated with high frequency sparks four to eight inches long. The initial current is derived from an induction coil, and stept up by Leyden jars and a resonator. The appara-

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us for application consists of a double tube nd wire, by which a current of cooled air s passed about the point to keep it cool and o blow away the blood. Any length of spark desired is obtained by adjustment of he metal tube. The average cancer of the breast requires about ten minutes for fulguration. It is said to render the tissue ess fertil for proliferation of cancer cells. It is never used alone, but only following operation. Freedom from recurrence has persisted for five years.

Thermoradiotherapy is a new method of application of the x-rays. It is based on the theory that radiosensitivness of tissue is in direct proportion to its temperature—the warmer the part, the more intense is the action of the rays, and *vice versa.* The temperature of the subdermal tissue is increast by a method called thermopenetration. In addition to the customary leather or aluminum filter, crackt ice between two layers of gauze is applied to the skin; or the skin is wet with water and then fanned to promote evaporation. Massiv doses in the old method of applying the x-ray were prevented by the certainty of a burn following, and considerable time must elapse between treatments for the same reason. These treatments are given frequently enuf so that the cancer cannot gain headway. In thermoradiotherapy killing doses may be given without burning the skin, and the intensity is increast by the subdermal heating. Thermoradiotherapy is used, of course, only for deep effect. It is also employed to increase the efficacy of the desiccation and the fulguration methods.

We hope that these points will serve to inform the general practician of the essentials of the three new treatments, with a view that he may more intelligently advise his patients. Wherever possible there should be a physician capable of applying these modalities to cases needing such treatment.

The economic side of the question requires consideration. It is likely that some communities might not support the apparatus. In other words, there might not be enuf use for the apparatus to pay for the investment. This must be determined by each individual physician for his locality. In any event, no harm will follow learning these methods, and the opportunity should be embraced by every physician.

Dr. John Hertzler, aged 86, been in practise for 63 years, renews his subscription for 1914, and says: "The WORLD is very good to us."

Chronic Intestinal Stasis.

At the present time the subject of chronic intestinal stasis is occupying considerable attention among physicians. This is a condition in which the intestinal contents fail to move thru the intestin with anything like the normal speed. The condition may be so bad, in fact, that the contents will not move along without vigorous assistance.

Surgeons have given considerable attention to this subject, and have found a number of surgical pathologic conditions to be causes, such as Lane's kink, etc., and are suggesting operations to overcome the difficulty. Dr. W. S. Bainbridge, of New York City, has devoted considerable time and attention to this subject.

Perhaps long before this chronic intestinal stasis became a surgical condition it was a medical condition. Dr. Bainbridge, in some of his writings, states that nineteen out of every twenty cases should be amenable to medical treatment.

We have not, to our knowledge, found any of these surgical cases, but have been treating some that, had they continued without treatment, were probably in the early stages of a condition that might have led to the development of the surgical conditions that Dr. Bainbridge has found so frequently. In these early stages we diagnosed the condition as intestinal atony.

A prominent physician of Philadelphia a few years ago developt severe pain in his abdomen, for which he sought medical advice. Some of the very best clinicians and diagnosticians of the city were consulted and endeavored to solve the cause of his pain, but all to no avail. Some of them wanted him to be treated at the seashore as a nervous breakdown, on a rigid routine of eating, sleeping and bathing, which he declined. He then sought a *masseur's* services and was massaged, and eventually the pain disappeared. As is so often the case in medical practise, the last doctor in attendance gets the credit for the recovery, so here the *masseur* was credited with having cured the patient, and it was judged that the spinal nerves were the cause of the trouble, since they were massaged together with the muscles of the back.

Somewhat more than a year ago a similar attack of abdominal pain occurred. The physician who first saw him diagnosed his ailment as intestinal atony and prescribed the well-known pill of 1/5 grain of aloin, ⅛ grain of extract of belladonna, 1/120 grain of strychnin, and ½ grain of extract

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of cascara. One such pill was taken three times daily, and in a few days the doctor was able to leave the house. He was certain that this second attack was of the same nature as the first. He continued taking these pills for a number of weeks, gradually decreasing the number of pills ingested, dropping to two pills daily, then one daily, then one on alternate days until finally it was no longer necessary to take them at all. Now if he takes one of those pills it gripes him terribly; so he no longer uses them, taking 1 grain tablets of phenolphthalein occasionally, instead, which do not disturb him.

His alimentary tract is now better than it has been for a number of years. He can eat without harm various kinds of food that previously he would not touch. Formerly the ingestion of water so upset his intestin as to cause diarrhea invariably; now he can drink any quantity without fear, as his intestin can take care of it. The pills above mentioned have restored his intestinal tonicity and the intestins now take care of themselves properly and also of all food and liquids.

In the past for similar conditions we have recommended Drysdale's aperient, consisting of 1¼ grains of powdered rhubarb, 1¼ grains of powdered aloes, 5/12 grain of powdered ipecac, and ½ grain of powdered nux vomica. These also are useful, prescribed in the same way as those above mentioned.

We have treated a number of cases which we regarded as intestinal atony and are satisfied that had the patients gone untreated for a great length of time there would have been great likelihood of the occurrence of intestinal obstruction. The patients not only suffer from pain, but also from autointoxication from absorption of fecal toxins from the intestin. Pain is not usually a symptom. We have found it present only exceptionally.

Pain, however, is the rule where acute obstruction exists. In these cases we administer a drop of croton oil and sometimes white liquid petrolatum. The latter is a good remedy at any time in these troubles.

From our experience, we believe that intestinal atony, intestinal obstruction, and constipation are related maladies and if properly and vigorously treated when first seen many patients will be spared the necessity of undergoing a surgical operation.

"You seem pretty cheerful for a sick man."
"Well, you see, the doctor has put me on a diet and I'll save enough on food to settle his bill.—*Evening Bulletin.*

Pennsylvania Pays for Reporting Births.

Quite considerable agitation is prevalent everywhere thruout the profession with the hope of securing legislation for remunerating physicians for reporting births. Michigan pays physicians for this service. A bill was passed by the last Pennsylvania legislature providing for the payment to physicians of 25 cents for each birth reported; but this bill was vetoed by Governor Tener on the ground that physicians should render this service free.

Owing to a change in the department of vital statistics of Philadelphia the former chief was demoted and offered a different position, which he refused to accept. An investigation by the assistant director of the health department showed that the state of Pennsylvania pays him 15 cents for reporting to the state health department every birth and death recorded in his office.

There were 25,666 deaths in Philadelphia in 1913 and 41,200 births, for which the city employee received $10,029.90 from the state.

In the event that the registrar is not an employee of the local health department he receives 25 cents for each birth and death reported. At this rate his emolument from the state would have been $16,616.50. We would like to know what the other registrars thruout the state are receiving.

Now we know why the physicians of Pennsylvania are not being paid for reporting births, altho they must spend 2 cents for postage to report each one. Nevertheless the state pays (somebody) for reporting births. Why should not this pay go to the physician?

Our Widows.

An occasional inquiry still comes concerning "our widow" of several years ago, whom all WORLD readers doubtless remember. I wrote to her asking for a report of her progress, and her reply follows:

DR. C. F. TAYLOR; DEAR FRIEND:—Your letter containing good wishes and kindly inquiry was received some time ago, and I wish to thank you and the brethren, thru you, for the interest in me and mine thus exprest, an interest that "does not forget."

There has been no reason why I should not have written except that in the uneventful monotony of our lives there has really seemed to be nothing to write about that would not have been a repetition of what I wrote the year before.

There was the same debating contest in which the school won the same victory as the previous year, and M—— [her son—ED.] was one of those who represented the school, the youngest of the

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ix chosen. The two other boys who were his olleagues are now at the university at ———, aving graduated here in June.

The question was Ship Subsidies; and he was ut on the affirmativ side of the question. If he ould stay in school he would finish here one year rom next June, just a few days after he was ineteen years old. He thinks he will be able o work his way thru college himself, and I try o hope so, too; but I feel like it will be a long, ard pull for him. He has earned his own exenses for two years now, and last year quite a ittle beside. He workt on a farm during vacaion both years for the same man.

The girls are both doing excellent work in chool and are at least a year in advance of other irls of their age, tho they have been denied the dvantage of private music lessons; still they ave become pretty fair singers from the instrucion they get in the school, it being taught in the rades here, and this teacher is one of the best. The oldest girl is getting to be a pretty good seamstress and a great help in my sewing, I having done more of that the last year than ever before. The nursing is getting to be pretty hard work for me. I was unable to work during a good part of the hot weather last summer, just when there was the most call for nurses. The younger girl was promoted in the middle of the term last year and is trying for it again this year.

I would have written sooner, but we thought M—— was going to secure a job that he would have "held down" and go to school too, and I wanted to report it as a piece of good news; but it was not to be. It would have brought in fifteen dollars per month. It was lighting street lamps. Tho we have to practise not only strict economy, but ofttimes, or rather always, self-denial, yet the children hold a place in the school second to none, and they have the esteem and confidence of the whole faculty, and I know that it is a tribute to their character, not to money nor family, as is too often the case; so I feel that I have reason to be satisfied, tho the last eight years have been lonely and often very strenuous.

There is much that I would like to do that I cannot reach, and they have to work harder than they ought, perhaps, but still if we all keep well a few more years they will have not only an education, but a character superior to that which many form who are blest with more of this world's goods.

I rented a large building close to the school last year and rented the rooms to students, thus clearing quite a little. Will stay in the same place the coming year and think I can do even better in the future.

When I commenced this letter I thought I would only write a short letter that would look well in print and tell the WORLD "family" in a few words that we were well and doing well, and pleased that they cared to know how we are still getting along.

Now, Dr. Taylor, give the "family" my thanks and enuf of this long letter to let them know of our prosperity and our gratitude.

——— —. ———.

I could not cut her letter down. The direct simplicity of this noble woman's narrativ is better than any trimming or "editing" that could be given to this letter.

But we have *two* widows now, as the following letter shows. Indeed, we now have many widows, unfortunately, in THE WORLD ranks, and brethren are falling all the time. The following letter will interest you. Take it to heart:

———, ——., February 8, 1914.

C. F. Taylor, M.D., Philadelphia, Pa.:

MY DEAR DR. TAYLOR:—I cannot adequately express to you how grateful I am for your very kind message of the 16th of January. It means something for a man to take time out of a busy day to write a note of kindly sympathy to an entire stranger. Surely it is appreciated.

Your kind offer to continue THE WORLD during the remainder of the year is gratefully accepted. As each issue appears it will be eagerly read as of yore, with the sad difference that there will be no one with whom to discuss it. I shall have to read it alone.

When the February issue came I noted with interest the article on page 49, which, of course, I could not help recognizing. However, I'm glad you wrote just as you did. Dr. Taylor, you cannot iterate and reiterate it enuf. Men are so careless, especially such busy and hard-prest business men as doctors; they are prone to put off to a more convenient time the important matter of getting their accounts in good shape.

In justice to my dear husband I must say his books were excellently well kept, but there was so much money out on them. Dr. S——— was barely 45 when he died, and had practised only 9 years; but all that had accumulated in that time. He had made many efforts to collect some of it, and of course collected a good deal, for we lived comfortably, owned our home and were not in debt. But it is a bitter thought to know that much of this $3,000 of unpaid bills represents sleepless nights and long, hard hours which slowly but surely broke him down.

B——— is pre-eminently a manufacturing town (12,000) with all that means of a cosmopolitan population constantly coming and going. Dr. S——— used to say: "'They fold their tents like the Arabs, and as silently steal away'—in the night."

But all this is only to ask you to urge this thing over and over; it is so vital.

Dr. S——— was a Heidelberg graduate, a close student and scholar all his days, and during his nine years' practise THE MEDICAL WORLD was his constant companion. He used to say to me: "You and THE MEDICAL WORLD are my best counselors." I thank you. Sincerely and gratefully. [MRS. —. —.] ——— —. ———.

Now, brethren, think of the time when *your* dear wife may be a widow and writing touching truths to the WORLD brethren. Will she have an opportunity to say that you left *many* uncollected accounts, which are now too "stale" to collect?

DEAR DR. TAYLOR:—THE WORLD is too valuable to be thrown away. I have taken THE WORLD for a long time and I try to save every copy. I have a lot of them bound and I want to bind all that I have on hand. I have about fifteen volumes bound and three more to bind. I have books costing $8 not so practical as a bound volume of THE WORLD. J. E. COLE.
Middleton, Ga.

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BUSINESS TALK TO DOCTORS

We learn by experience. We also can learn from the experience of others, when the "others" will give the facts. And the latter is much the cheaper way to learn; for you can live only one life; and after you have lived and had experience long enuf to learn, you cannot live another life in which to use the lessons you have learnt in this way. The experience of others, if you can get access to it, is just as good as your own experience, if you will be guided by it.

How One Man Invested.

Here is an example—and you know many others, which I hope you will send to me for use in this department. I know a man who is now not far from 60. He has had what might be called a successful business for about thirty years. During most of these years he saved, or could have saved, $5,000, and during many of them considerably more. Possibly he could have averaged a saving of $5,000 per year, quite certainly for twenty-five of these years. He has not invested wisely—and that can be said of so many men who are rated as successful business men. How many men have you heard say?: "It is no trouble to make money, but the problem is to keep it." The man that I am telling you about has had some of this kind of experience, tho he has been trying for years to "reform," and he thinks he has now about succeeded. I happen to know that he reads these "Business Talks," but he has not been an apt pupil. Perhaps he will recognize himself when he reads these lines; and perhaps many other readers will recognize more or less of themselves.

I cannot give you details in full, particularly of former years. His first considerable investment was in western mortgages, which paid interest regularly for some years, then defaulted, but he hung on till he got his principal back, losing interest for some years. Then he did a few "stunts" on the stock market, at which he both won and lost, coming out about even. Then he had the good sense to buy a home, and paid off the mortgage as fast as he could. He bought several thousand dollars' worth of mining stock from a *friend,* and after he had *seen the mine* and been *convinced.* But the mine has not yet become a producer, he has lost the interest on the money all these years, and now he could buy the same stock at one-fifth the price he paid his friend for it. And in recent years he bought more mining stock (no connection with the other) on a "tip" from a friend, and now he could buy more of this stock at one-fourth or fifth what he paid for it. He put money, a number of thousands of dollars, into what he thought was a promising "industrial," one that he thought he knew something about. This seems to be a total loss. In desperation, as he went along, he made some safe investments, but the tempter seemed to have a grip on him, and he would make break after break, always to the bad. Now he thinks he is cured, and considering his age and his experience he ought to be. He can now hold to his money, the profits from his business, until an opportunity presents itself for an investment that is both good and *safe.* In recent years he has been working hard to find ways to get out of some of the bad things he is in, without loss or with a minimum loss. He has set this task to himself: to let the age of 60 find him in as good financial condition as possible, with his losses retrieved as far as may be. Better late than never, and better 60 than 70. But how much better to get on the straight financial path at 50; or 40; or even 30. How much better to *start* right, say, at 21.

I forgot to mention that, years ago, he started to put money into an industrial, with a friend, he and the friend being "it." He did not intend to go into anything extensiv —he did not know what he was going into. He had to keep the thing going or see it fail. He had not the courage to face a certain loss, so kept throwing good money after bad, and at one time it nearly broke him. Usually, throwing good money after bad leads to the bottomless pit of ruin; but in this instance, one in a thousand, the long dark lane had a turn, and he is now getting back some of the good money which he put into the pit in the past, tho it is doubtful if he will ever recover all that he put in. He could not be induced to take such a rash risk again, not by all the flamboyant fireworks and promises of millions known to the art of iridescent finance. He doesn't want to get rich, but he wants to be allowed to keep what he has honestly earned. He has learnt that to put savings into uncertain ventures, however promising, leads to anxiety, loss of time, legal and other expenses, and finally to loss of the money originally put in. He has tested this so often that he feels finally convinced, and he will, hereafter, if his resolution holds out,

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travel the road of safe finance. Can't you think up somewhat similar cases that you have known?

If he had only turned his savings over each year to a good, reliable investing house to invest for him in *safe* securities, he would be much better off to-day, and would have missed much anxiety and expense, time and trouble that his foolish investments have incurred. And is not that true of many business men?—and professional men, too? I don't think it is true, as a rule, of the old substantial financial families. They seem to be endowed with financial sense—and I suppose that is one reason why they are rich. The Astors, for example. Can you imagine them putting money into mines or patents? Their money goes into real estate, in the marvelous district in and about New York, where such investments are the safest and most lucrativ. And the Vanderbilts put their money into nothing less substantial than railroads, which they understand—it is their line of business.

A Successful Business Man.

I suppose all who read these lines remember Abram S. Hewitt, who died about a dozen or more years ago. He inherited wealth, but he did not hold himself apart from men and affairs. He became an enterprising man of large affairs, and during the civil war he was one of the substantial supporters of the government. He was interested in developing iron works, and I think he had much to do with fitting out the Monitor. Long after the war he was elected mayor of New York, and his administration was a very successful one. Late in life he said that he would have been as well or better off, financially, if he had loaned his money from the start at 5% interest. This is the lesson I wish to impress here. However, I do not wish to discourage any one who can live as great and useful a life as Mr. Hewitt lived. His life was of great value to his country and his city—much greater than the 5%. But looking at his life merely in a financial way, if he, with his great abilities, opportunities and his capital, could not do better than 5%, don't you think you would better disregard the many "opportunities" that are offered to you for great profits, and try to get 5% and safety? If the first man mentioned above had done that he would be to-day much better off financially, and his life would have been much easier and happier, and he could have had better opportunities for self-cultivation by study, broader reading and travel. It is a pity that so many of us are not able to learn wisdom until late in life. Tell the above to a young man and the chances are that he will disregard it till he learns it also by expensiv experience.

This brother wants to be safe:

A Prudent Investor.

EDITOR MEDICAL WORLD:—Am writing you for a bit of information. A few days ago a representativ of the Geiger-Jones Co., investment bankers, of Canton, Ohio, called to see me. He said, just wanted to get acquainted. The conversation naturally led up to his company and the stock and investments they had for sale. I said to him, "Were I to buy of you I would first ask THE MEDICAL WORLD what it thinks of and how it classes your company."

The information desired is this: Would you consider them a safe company to invest with? The inclosed list is some of the securities they have to sell and some they have sold. I inclose a stamp for reply, and if you care to you may air this in THE WORLD if you see fit to do so. THE MEDICAL WORLD to me is one of the finest and firmest friends a doctor can have; for if he will heed its counsel, the doctor's books will not need to be filled with poor accounts. Collect them before they get stale, and in the ways THE WORLD directs, and you will get your pay and retain your patients. Sincerely, O. H. STUHLMAN, M.D.

PHILADELPHIA, February 11, 1914.

Dr. O. H. Stuhlman, Laura, Ohio:

DEAR DOCTOR:—I have gone over the Geiger-Jones Company's circular carefully, and I find that all their offerings are of stock in "industrials." I also find that all the companies in their "all sold" list are "industrials," excepting the last one, which is First Mortgage Bonds of The Stark County Telefone Co. This is the only thing that I would consider buying for a moment in both the lists—and the latter is in the "all sold" list; but if it were not, I would consider that only, and then only after careful inquiry.

I also notice that the income from all these investments is about 6% or 7%. Any one would be exceedingly foolish to put his money into any of these things when he can lend his money *safely* on mortgage at about 6%.

When you put your money into an "industrial," you don't know exactly what is behind it. There might be some real estate and some goods, but the larger part of the value, and sometimes almost the entire value, is of an unsubstantial and evanescent character, as patents, good will, etc. Industrials are sometimes good speculativ investments where they promise a large return; but none of these offerings yield more than 6% or 7%, which is only a trifle larger than the yielding of a really safe investment. Under any circumstances I would advise physicians to beware of this class of investments, but certainly when the possible return is only about 6% or 7%, which does not pay for the great risk involved.

If you want to make a speculativ investment in an industrial stock, suppose you try U. S. Steel Common, which is quoted on the New York market to-day at $65.50, and it pays 5% on $100 par, which at $65.50 would amount to something

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like 8%, and this stock may go higher. It was once up to $92. I know a man who some years ago bought this stock at $45, received his dividends, 5% on par, and finally sold at $76; and I know another man who bought at $84, thinking that it would go to $100, and he would be very glad to get his $84 for it now. It has been down to $15, and it may go there again. This illustrates a speculativ stock. Doctors should keep out of all such "investments"—really *speculations.*

There are many good bond houses in New York and other cities that sell "gilt edge" securities which yield a reasonable return; and they are as safe as anything human can well be. If you will look in the investment classification of the advertising department of *World's Work,* you will see such financial firms advertised; but why not go to your own banker, or to a banker in some nearby town or city, and tell him that you want a safe non-speculativ investment? He will give you good advice. From what you have shown me of the Geiger-Jones Company, I would advise you *not* to invest in any of their offerings. There are much better financial houses to deal with. Their offerings may suit certain business men who are not looking for safety and permanency *first,* but I strongly advise doctors *against* such offerings. Very sincerely, C. F. TAYLOR.

Marbury Lumber and Land Co.

2302 N. ILLINOIS ST., INDIANAPOLIS, IND.

EDITOR MEDICAL WORLD:—Your "Business Talks to Physicians" are the one best bet of all my journals. I would not want to do without the journal on that account; so please find inclosed $3 for the next four years.

Now I want to know what you know of the following company and whether they are on the square or not, as they have been trying to interest me in their cut timber land in Alabama. It is The Marbury Lumber and Land Co., of Marbury, Ala. I would appreciate an immediate reply as I begged for two weeks' time to investigate the investment.

Thanking you in advance for any information that you can give me, believe me, sincerely,

CLARK E. DAY, M.D.

PHILADELPHIA, February 10, 1914.

Dr. Clark E. Day, 2302 N. Illinois St., Indianapolis, Ind.:

DEAR DOCTOR:—I do not know anything about the Marbury (Ala.) Lumber and Land Company; but I very much doubt this kind of investment for physicians. Alabama is a very large state, and the agricultural land there is of value chiefly to those who are there and can cultivate it or can oversee its cultivation. I think that if you would invest in land there it would be a worry to you for many years and not a source of income. I think that if you and a neighbor would take $1,000 each, and one put his thousand into this investment and the other his $1,000 into a savings bank at 3%, at the end of ten years I think the man with his money in the bank would be the best off. Very sincerely, C. F. TAYLOR.

Another Life Insurance Co.

A Nebraska brother, who has been a continuous subscriber since he was a student in 1884 (Dr. A. H. Hostetter, of Douglas, Neb.), sends his check for $3 for four years and incloses an "invitation" to become an "owner" in a new life insurance company. He did not accept the invitation, but he says he would like to see my comments. Briefly, my comments are that we have had entirely too many new life insurance companies during the last few years. Many have already failed, and doubtless more will fail. Don't put anything into them.

A Mississippi brother sends a fake "night letter" which was sent to him by an insurance agent in New York, soliciting an order for a $5,000 "approved special accident policy," but I cannot find in any place on the communication (and there is plenty of printed matter on it) the name of the company—only the name and address of the agent. And no particulars are given as to the conditions of the contract, which I suppose are in fine print on the policy. It all depends on the character of the company and the conditions of the contract, neither of which are here given. If you are wise you will never close an insurance contract until you are entirely satisfied on at least these two points.

Building and Loan Associations.

Dr. W. D. Richardson, of Centralia, Ill., writes about B. and L. stock as a desirable form of investment for physicians. He incloses literature concerning his "Home" association, and says that it never failed to make as much as 10% to those who stayed in. He thinks that doctors should make a specialty of this kind of investment. I think so, too, as I urged a few years ago, when there is a good, well-managed *home* association in your community. Would like to hear from others on this subject. Would like to have the experience of other brethren with this kind of investment.

The Office Girl.

A Penna. brother asks for a discussion of the problem of expense of an office girl in small cities. He needs one, but feels that he cannot afford $6 per week for one. A good one, who can keep accounts, and who can manage patients with tact during your absence would be well worth that price. Where two or more doctors' offices adjoin, the occupants can club together in the employment of a girl, particularly if a common waiting room can be arranged.

Forty Miles from a Railroad.

See communication from Dr. Perry in January Business Talk, page 8, top of sec-

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ond column. I have just received a carbon copy of a letter from Mr. Hall, to Dr. Byron O. Mork, of Worthington, Minn., who had written him about Dr. Perry's communication, and Mr. Hall says he has heard from *many* concerning Dr. Perry's communication. The letter is a long one, and not worth reproducing here; but I want to call attention to one part of it, which is as follows:

"The deeds to my 31,000 acres are all of record at Arcadia, Fla., the county seat of De Soto County. The people from whom I purchast the land would cheerfully give you the dates and the amounts I have paid thus far on same, which I tell you amounts to something over $100,000. I still owe $76,000 on the property, by which you will see that it was not given to me, but after spending over $100,000 in addition to the above figures in advertising and promoting and developing the property, I still have coming to me from sales something over $400,000, and over and above that snug sum, I have about $600,000 worth of land yet to sell at present prices, and these prices will shortly be advanced from 30% to 50%, for that country is coming fast and coming to stay. I have sold a good many physicians and over 500 ministers of the gospel; I have sold quite a number of bankers, merchants and high-class farmers. The biggest sale I ever made was to a lawyer—$33,400 spot cash—who knew all about the property before I ever saw it, and he has watched my career in promoting it with keen interest and approval."

See the doctors and the preachers. Has he neglected the dentists and the teachers? They are also "easy." And will he kindly give the names and addresses of any bankers that may have given cash—their own money—for his land at the price offered to doctors? I would like to correspond with those bankers. I would also like to have the name and address of the lawyer to whom he made the "biggest sale." I would like to learn some of the details of it.

But what I want to call your attention to particularly is the figures as given by himself, which show that this speculation will make him a millionaire if he finishes it according to his plans. And how will the purchasers fare? This land, according to his own map, which I have compared with a regular map, is between forty and fifty miles from the nearest railroad station. The idea of asking from $30 to $50 and upward per acre for this wild land seems to me to be preposterous. I was told a short time ago of a tract of New Jersey land, twenty miles from Camden—and Camden is just across the Delaware River from Philadelphia—and only two miles from an electric railway, offered at $10 per acre—and not swamp land, either. Try in any state what you can buy wild land for, forty to fifty miles from a railroad station, and you may be surprised—and surprised that anybody will pay such prices as mentioned for Florida land in order to make a millionaire of a man up in Chicago. If you want land in De Soto County, Fla., go down there with your money and look around and see if you can't do *much* better than to buy in Mr. Hall's "Christian Colony" at his prices. What do you want Florida land for, anyway, unless you want to go there to live? If the latter, study the state well before you tie yourself to any part. If you want it as a speculation, beware. It is much easier to buy land than to sell it. Land ownership is rarely satisfactory to a non-resident. Every hand in the community is against his interest, and perhaps rightly, for he expects people who live in the community to build up community values, in which the non-resident may participate without contributing thereto.

It is not well to invest your money in land except in your own community, where you know values, and where you can use the land or directly control its use. It is usually better to lend your money on land security, and let the other fellow work the land and pay the interest.

Be it plainly understood that my object is to protect *doctors* from putting their hard-earned savings into land promotions in which they are virtually certain to lose. I cannot protect the preachers, for I cannot reach them. Lawyers and bankers ought to be able to take care of themselves. Mr. Hall's experience with one lawyer, according to what he says concerning a former deal, ought to prove this. I will await the name and address of his lawyer investor to whom he refers, and also the names and addresses of his banker investors. But perhaps he will want to drop the subject, for perhaps he knows that his proposition will not be benefited by probing it too deeply. Do you want to live in southern Florida, forty miles from a railroad—and pay Mr. Hall's price for land for the privilege of living there? Figure price, and figure distance, and *think*.

Dr. S. G. Kreider, of Lena, Ill., sends a four years' renewal, and among other things says: "Then I want to see how THE WORLD speaks of Wilson's making good, for he certainly is doing so with an educated dignity which is gratifying, indeed, and will live as an example for those to follow. He is giving the country the best administration it has enjoyed since Lincoln, and it is being appreciated even by our republican friends. Long live the Editor of THE WORLD and his work. The best of the season to you and yours.

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THE MEDICAL MONTH.

Instead of needlessly multiplying the number of general hospitals in New York, a fault with our American thoughtless but well-meaning givers, Mrs. Rudolph A. Muller has donated two acres of land as a site for the Home for Expectant Mothers, of which Mrs. Robert H. Sayre is president. She will also donate all the milk, fruit and vegetables required for the home from her own estate. The raising of funds for the buildings has already been begun. Each patient will have her own room during her month's stay in the home, and after leaving it will be under the care of the Parental Feeding Association, which will establish a chain of restaurants where mothers may get their lunches or will send visiting nurses to the homes to see that the mothers get proper food there.

Twenty per cent. of the average lot of hogs brought to slaughter are tuberculous, according to a statement at Madison by Dr. M. P. Ravenel, professor of bacteriology of the University of Wisconsin. Dr. Ravenel has made a careful examination of conditions in slaughter houses of Wisconsin and other states and makes known his conclusions in a detailed report. He states that hogs do not develop the disease within themselves, but contract it by feeding on the by-products of creameries and following tuberculous cattle.

The 85th annual congress of the Deutsche Naturforscher und Aerzte, at Vienna, early last November, had 34 sections in which 5,000 members heard 1,000 papers read. The U. S. A. has no monopoly on figures of this kind, it is plain.

The American Association of Immunologists was organized June 15th at Minneapolis, Minn., with forty-one charter members, all of whom have been pupils of Sir Almroth E. Wright, of London. The objects of the society are: "To unite the physicians of the United States and Canada who are engaged in the scientific study of immunology and bacterial therapy. To study the problems of immunology, and to promote by its concerted efforts scientific research in this department. To spread a correct knowledge of vaccine therapy and immunology among general practicians."

A New York concern has solved the smoke and cinder nuisance, it is said. The company has perfected what is called a wet cleaner, and with it eliminates at the lowest 75% of the smoke and cinders, of which residents of the neighborhood have complained. It was said the device had been completed after three years of experimentation, and that virtually all the substance which soiled the streets might be removed in the process. It has been attacht to seventy-one of the boilers in the plant and the neighbors are delighted with its success.

What promises to become a nation-wide reform of hospital maladministration started last fall in Philadelphia. A committee of six members of that center's County Medical Society presented a report, November 26th, recommending a system by which it will be possible to increase the efficiency of the 55 hospitals in the city, reduce the cost of maintenance and render a greater aid in the prevention of sickness. The plan suggested includes a development of a community system for hospital social service. The appointment of efficiency at each hospital, the use of uniform methods of accounting, a preparation of statistics, a development of "follow-up" work, by which the progress of patients toward complete recovery may be known after they have left the hospital. There are nineteen hospitals in this city which have one or more social service workers employed, and instead of increasing the expenditure of the hospital this department makes it possible to discharge a patient at the beginning of convalescence. The report further says: "A hospital is efficient if it performs its functions—the care of the sick, the prevention of disease, the research work and the education of doctors, nurses and the public—thoroly and with the least possible waste of labor, materials and money. We believe that if the hospitals of Philadelphia should make a united effort to discover and eliminate all of the various forms of preventable waste which undoubtedly exist at the present time it would not only reduce the cost, but greatly increase the efficiency of these institutions." Co-operation of the State Board of Charities is urged, especially in getting hospitals to adopt the uniform system of accounting which has been prepared for the committee by W. B. Hadley, chief accountant in the office of the city controller.

An address was delivered by Prof. Morris Jastrow, of the University of Pennsylvania, on "The Medicin of the Babylonians and Assyrians." before the Section on Medical History of the College of Physicians of Philadelphia, in Thomson Hall, at the College building, December 16th. This was the result of the noted Assyriologist's translation of the ancient tablet lately presented to the college by Drs. S. Weir Mitchell and Richard H. Harte, the Assyrian medical code being for the first time revealed.

A campaign against indiscriminate sale and illegal use of wood alcohol as an adulterant in many household articles has been started by the New York Committee for the Prevention of Blindness. The committee believes the menace from wood alcohol is due largely to the small fines imposed on those violating the laws governing the sale of the poison, to the ignorance of many saloonkeepers, who believe it may be taken internally; and also to the failure to place "poison" labels on all containers of wood alcohol.

The first International Exhibit of Safety and Sanitation, open December 11th to 20th, in New York City, was a great success. Among many impressiv national displays Switzerland illustrated the methods that it has adopted for stamping out the white slave traffic. More than 350 delegates attended the sessions of the conference, held daily in connection with the exhibition.

Toronto is considering establishing two new hospitals to serve the east and west ends of that city, the total cost of both institutions to be about $1,000,000. Sites for both have been selected and approved.

Mr. John Ross Robertson, Toronto, has donated $10,000 for the purpose of furnishing the new wing of the Hospital for Sick Children. The city of Toronto gave $250,000 for building this new wing.

Professor Landousy, dean of the Faculty of Medicin and one of the most eminent champions of the social war against tuberculosis, demonstrated at the Academy of Medicin, Paris, the tuberculous nature of varicose veins. Heretofore this condition has been taken for a rheumatic

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manifestation. Professor Landousy revealed microscopically in lesions the famous bacillus. He also showed that inoculation of a guinea pig with the germs produced tuberculosis in the animal. At the same meeting, Prof. Pierre Marie, of the Salpétrière Hospital, demonstrated that in cases of softening or hemorrhage of the brain, trepanation brought relief and held out hope of a cure. It should take place on the side opposit the lesion. Otherwise, he said, there were risks of aggravation.

Tea brewed in Ireland is denounced as worse than alcohol in a current report of the Irish Milk Commission upon the scarcity of milk in Irish towns.

By including various mineral salts in eye glasses, Sir William Crookes can now prevent the onset of cataract in glassworkers. Full details of his years of altruistic study are to appear shortly.

Professor Chauveau and Dr. Lucett, at Paris, announced an important discovery which they assert will revolutionize the treatment of typhoid fever, whooping cough and other diseases by vaccine. They have found that the bacilli, on being subjected to movement, become much more abundant and activ, enabling the propagation of vaccines of greatly enhanced efficacy. They have devised an apparatus to keep the cultures in constant motion.

Egg storage by sterilization is to be effected in Pittsburgh, Pa., for the first time in this country. The plant is in process of erection. An egg, even in very hot weather, by the sterilization process, can be stored for ten months and, when taken out, be as fresh as a newly laid egg, according to those who have made the process a success in Europe for the last five years. The promoters say by the process the price of fresh eggs will have to come down, as it has in Europe.

A nationwide war against medical nostrums has just started in Australia.

Anthrax, one of the much-dreaded contagious diseases of cattle and which often is communicated to man, has been transmitted by a stable fly in experiments conducted by M. B. Mintzman, entomologist of the Philippine Department of Agriculture.

The discovery of an atoxic variety of antigonococcic vaccine was announced at last month's session of the Academie des Sciences, Paris, by Dr. Charles Nicoile, director of the Pasteur Institute of Tunis, and Dr. L. Blaizot. The curativ power of the vaccine is considerably increast. Their original method, also applied to other microbes, will be made public shortly.

The recovery of the syphilis spirillum from the brain of the paretic, Noguchi's discovery, is now followed by the regained germ's cultivation in lower animals. This completes the cycle of these new and extremely important facts.

The Western Medical College at London, Ont., has become the medical faculty of that city's Western University.

Gifts of $100,000 each from Jacob H. Schiff and James A. Scrymser, and an annual endowment of $2,000 from Mrs. Whitelaw Reid were announced October 30th by the American National Red Cross, thru the New York Chapter. The Scrymser gift is to go to the fund for the purchase of land in Washington on which the Government is to erect a building for the Red Cross as a memorial to the women of the Civil War. The donations of Mr. Schiff and Mrs. Reid are intended as endowments for the funds of the town and country nursing service of the Red Cross work.

The Commission on Electric Shock, named by the National Electric Light Association, the American Institute of Electrical Engineers and the American Medical Association, has issued its report. This is publisht as a handbook and chart by the *Electrical World*, is already official in Canada and is being translated (by permission) for the Spanish, French, Italian, German, Japanese and Magyar peoples. Several hundred thousand copies are already off the press and practising physicians should study its teachings.

Denver is about to become the center of the world's radium industry. A site for a plant, to be conducted by the United States Government, financed by the National Radium Institute and operated under the direction of leading scientists, has been chosen. This plant will be devoted to experimental treatment of radium-bearing ores, and will be the largest of its kind in the world. Preliminary plans for installing complete apparatus for laboratory and research work are under consideration by the United States Bureau of Mining. The Government staff of rare metal experts now in Denver, under the direction of R. B. Moore, will be assisted by scientists of international repute.

A midwife in New York, N. Y., must now be 21 years of age or upward, of good moral character, and able to read and write. She must be clean and constantly show evidence in general appearance of habits of cleanliness. The applicant must also present a diploma or certificate showing that she is a graduate of a school for midwives registered by the Board of Health of the City of New York as maintaining a satisfactory standard of preparation, instruction, and course of study, but the requirement of a diploma shall not apply to any person who is now or has been hitherto authorized to practise midwifery by the said board.

Profits from the sale of newspapers on the streets of Milwaukee enabled Philip Eisenborg, of that city, to begin a course of study at a medical school in Chicago December 8th.

The common towel, the common drinking cup and the common brush in the barber shop must go, says Pennsylvania's Health Board.

The Milwaukee County (Wis.) Medical Society and others in that state refuse to supply health certificates under that state's new eugenics marriage law because of its almost impossible provisions.

What is regarded as a certain remedy for effecting at least a partial cure for general paresis, hitherto incurable, was announced at Paris by three leading French physicians, Professor Levaditi, bacteriologist of the Pasteur Institute; Dr. Auguste Marie, a leading specialist of the state mental department, and Dr. de Martel, one of the leading surgeons. The treatment consists in two trephinings of the skull and then of the injection of Dr. Erhlich's salvarsan serum between the membranes and the brain. A maximum dose of "606" is thrown into the vein of a rabbit. One hour later the rabbit is fully bled and the resultant serum heated for three-quarters of an hour at 55° C. Ten c. c. is the dose for submeningeal injection, and marvelous results are shown.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

The "Initial Chill" of Disease.

In these days of machine-made diagnoses, when the tendency among some physicians is to discount experience and to elevate unduly a mere working ability in the technic of the use of "instruments of precision" in the laboratory, we are gradually but surely losing many items of importance. Time was when the initial chill was held in great respect, and the careful diagnostician made most careful study of it in all its relations, if observed by him. If it had taken place in his absence, he instituted diligent and painstaking inquiry regarding its every feature, since even a report from a lay observer was not to be despised.

In the year 1914 one may search thru many volumes of the latest publications on diagnosis and medicin without finding mention of the "chill" in any section or chapter, or even in the index. We are not by any means intending to disparage microscopic blood examination, careful bacteriologic tests, nor any of the other modern and valuable aids to diagnosis; but we are quite positiv that the profession can ill afford to allow such a phenomenon to be overlookt, and that our laboratory methods have not yet reacht that degree of perfection which warrants us in ignoring such an important symptom.

Our actual knowledge concerning the significance of the chill is not practically available to the busy practician, since it is scattered miscellaneously thru the whole literature of medicin—a little here, and a little there—under various headings, and without attempt to mass the knowledge or make a summing up. It is only the physician of long clinical experience who has mastered the interpretation of the chill, and, alas! he is seldom the man who writes the text of "authority." The man who relies on the laboratory for his diagnosis ridicules or ignores (thru his ignorance and inexperience) the markt significance of the phenomenon. The experienced bedside practician hence hesitates to talk or write much of the matter, and the valuable information he gleans is lockt within his own breast, and is never made available to the younger generation. A subscriber asks for an article on this subject. No single article could be written which would convey any material information of the whole, broad matter. It would necessarily have to be taken up in single phases, and this is more practically done by men working under varying conditions, in different sections of the country, with various characters of climate to be considered.

It will be enuf for us to suggest some of the lines upon which information imparted by those of extended experience would prove of inestimable help to the profession. All of us have observed the simple chill following exposure to cold, without subsequent development of any disease. Have we any way of determining the correct interpretation of this type of chill, and of differentiating it from the chill following exposure to cold, which is followed by a pneumonia? Is there any pathognomonic feature of a chill which will tell us whether it is the precursor of a pneumonia or, for instance, an erysipelas? Can we prognosticate the development of a purulent or pyemic process from the character of the chill? Can we, from the rigor alone, tell whether we have to deal with an incipient malaria or a deep-seated abscess and general pyemia? Has the chill of tuberculosis or of endocarditis anything distinctiv about it? Many cases of typhoid are ushered in by a chill. Many chills occur without any assignable cause, and, of course, this statement is but a confession of our ignorance, since no such profound manifestation of abnormality can be devoid of important significance.

We have been inclined to view the convulsion of the acute infectious fevers of childhood and the initial chill of disease of the adult as similar in kind, but differing in degree. The child has much more susceptible nervous centers than the adult and reacts much more severely, so much so that the reaction is of such magnitude as to constitute a true convulsion. The adult's nervous system seems to withstand the onset of disease better and a lessened reaction is the result, constituting a chill. The

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convulsions of children are also varied in degree, as are the chills of adults.

We sent a copy of the preceding article to a number of leading physicians, with requests for comments or articles thereon, and append hereto some replies thus far received. We would be pleased to hear from any of our readers and other physicians on the subject. By getting together the views of various members of the profession we hope to collate some useful knowledge that will be of permanent value to physicians.

The "Initial Chill" is Not Diagnostic.

DEAR DR. TAYLOR:—I received your courteous letter asking my opinion of the interesting question of the initial chill of disease.

Your general contention, that the art of medicin has suffered by the preponderance of technical methods, is one of which we are all conscious. We must not, however, dispense with any valuable technical procedures, but, rather, attempt to restore the art of medicin.

While my private practise is now limited to heart and blood-vessel diseases, I still maintain my general hospital service, and I teach diseases of the heart and blood vessels to students.

I teach that arteriosclerosis is a general disease involving the cells of the whole body, and that it is due to the disturbance of the relation of these cells to particular protein poisons, by which the cells are irritated, and some even destroyed. The circulatory organs, maintaining the brunt of the trouble, are those that give most signs, but the liver, kidneys, lungs and other tissues participate.

In arteriosclerosis, the process is a gradual one, and the reaction of the cells against the invading protein is without symptoms. When, however, the body is invaded by a foreign protein, either in the form of the bodies of bacteria themselves or the products of bacteria, such as are the cause of acute disease, the cells of the body react in a more violent way, and there results a condition known recently as anaphylaxis, which is followed by a fever as a defensiv process.

The *chill* is valuable as marking the beginning of the process, but, being in all diseases of the same origin, it is *in no way diagnostic;* nor can one tell by this symptom alone in what part of the body the cells will react in such a way as to produce the phenomenon known as inflammation.

What has interested me most in the study of disease of late years is the close analogy that can be traced between the natural history of the most chronic affections and the most acute affections, about the only difference being in the rate of development and the duration. This is explained in my book on "Arteriosclerosis," publisht by the Oxford University Press, London.

I trust you will bring out many records of the experience of practitioners in the practical diagnosis of conditions accompanied by chill. LOUIS F. BISHOP.

54 W. 55th St., New York.

Has Had Experience With the Final Chill.

DEAR DOCTOR TAYLOR:—I thank you sincerely for the invitation to make a contribution to "The Initial Chill in Disease," and I would gladly do so; but upon reading your editorial believe that you will agree with me that my opinions would carry but little weight.

True, I am interested in diagnosis, and this from all angles, but having thus limited my practise rarely see a case this early in the game, but later when the time of guesswork is passed and the family of the patient really wants to *know.*

As you may know, I am especially interested in the laboratory side of diagnosis. Really the sick man (he may be either you or I) deserves the very best and ALL that modern medicin offers him.

Mind you, I do not claim that laboratory methods have any special place in the specific question at hand. Your editorial is an interesting one and the question of "initial chill" pertinent. Let the other brothers tell us.

The man who neglects any branch of diagnosis must eventually come to grief, and this includes the laboratory man. I will venture that this also includes he who relies on bedside methods entirely. Parenthetically, here and there you have patted the moss-back on his moss at the expense of machine work.

There is no such an animal as a laboratory diagnosis, and no such beast as an *invariable* bedside diagnostician. Better stir them together in the melting pot and get something much better.

Several years ago a very conservativ surgeon, and who now doubtless belongs to Class A double plus, noted that one of his postoperativ cases was chilling. He remarkt to me and some others: "To-mor-

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row you fellows will have some sputum to examin." I have not yet examined that sputum, for our patient was placed in an isolation ward the next morning.

Of course, this is all foreign to the subject; but shows another poor method of labeling. Would it not have been better to have exhausted everything in diagnostic technic before predicting a pneumonia? In the case just cited it would have been much better for those unfortunate enuf to have slept with that man overnight.

Now, had you asked me concerning "The Final Chill of Disease" I could have told you some interesting observations. Did you know that a subnormal temperature often follows influenza? Yes, we have influenza in Illinois. Cabot rather ridicules the diagnosis of "grip" and would substitute "unknown infection"; but Cabot practises in Boston hospitals, not in damp and chilly Illinois. Did you know that a man may run a temperature of 94° to 97° F. for days, or even weeks, after an attack of grip, and that for weeks he may feel like he is drest like Father Adam? We know the specific for this condition, or at least we think we do. All else seems to fail but alcohol.

Again I thank you for your kind letter; and am very sorry I can do no better by you in this instance. B. G. R. WILLIAMS.

Paris, Ill.

[Doctor, let us hear from you on the subject of "the final chill."—ED.]

The Chill is a Reaction to Infection.

EDITOR MEDICAL WORLD:—I look on the "initial chill" as something in the way of evidence as to the reaction of the body to the bacterial toxins. It shows that the body is hard hit and needs support until it can react. Hence in diseases introduced by a chill I should hesitate to use the bacterin treatment, especially the phylacogens. These latter seem to contain toxic fraction and little if anything else from the bacterium, and should therefore only be useful when the body is indolent to the disease, or is thoroly capable of reacting. On the other hand, the sera are indicated in just such cases. (By the way, I am surprised how often general practicians confuse these two products and use sera where they mean bacterins and *vice versa*.)

As to the character of the chill, little can be said. First, because we have to depend upon the patient's power of observation and reporting, and, second, because the chill depends for its character more on the patient's reaction than on the character of the toxin. Thus, a nervous patient reacts differently from the phlegmatic one. A patient in robust health reacts differently from one worn out either by previous disease or hard work. And so on.

G. H. HOXIE, M.D.

1334 Rialto Building, Kansas City, Mo.

Chrysanthemum for Recurrent Chills.

DEAR DR. TAYLOR:—Yours of the 10th instant, covering proof of an editorial, was duly received.

I was deeply interested in your editorial, as it called to mind a phenomenon which I have many times observed, and yet I have never been able to explain it to my own satisfaction. I at one time knew a man who had a chill almost nightly, but during all the time I attended his family he was never seriously sick.

It has always been my custom to fit remedies to symptoms repeatedly observed, and in trying to do so in this case I used, on the advice of Dr. H. M. Webster, a tincture of chrysanthemum leucanthemum with markt advantage.

JOHN WILLIAM FYFE, M.D.

Saugatuck, Conn.

Heart Massage as an Aid to Resuscitation of Stillborn Infants.

EDITOR MEDICAL WORLD:—After carefully studying all available medical literature, and finding nothing relating to this subject, I decided to write this article descriptiv of a method of heart massage I have used on several occasions with good results, hoping that it might be of value to some brother physician in time of need.

We occasionally have cases of asphyxia neonatorum in which vigorous methods of artificial respiration are necessary to save the lives of some newly-born infants; but in these cases the heart is still doing its duty, and we have only to induce the muscles of respiration to take up their work. The class of cases in which heart massage is of especial value are those in which the infant is pulseless and apparently dead when born, where any method of artificial respiration would be useless because the heart had ceast to beat.

In a practise of twenty years I have had ten cases of this nature, in which the child was entirely without sign of life at birth.

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n nine of these cases this method of heart nassage was used, with success in seven, ne first happening about eighteen years go, before this procedure had occurred to ne. The two failing to respond to this nethod were both cases in which the um-ilical cord was so short that the placenta vas detacht some time before the child was orn, in one instance coming away firmly eld between the infant's legs.

Before describing this method I will state i few facts which, altho well known, will ear repetition. The heart of a newly-born nfant is higher in the chest, and occupies a osition more nearly horizontal than does hat of an adult. The apex beat is outside the nammary line, farther to the left and also igher, and is most often found in the ourth intercostal space. The costal carti-ages are very pliable and do not interfere o a markt degree with the manipulation of he heart, and there is also a larger portion of the organ exposed.

Proccdure.

The procedure is best carried out with the nfant lying upon its back in a wide basin illed with sufficient water at a temperature of 110° to 120° F., to completely cover the body, the head supported so that no water an enter the mouth or nose.

Using both hands, grasp the body of the infant in such a manner that the thumbs rest upon the anterior surface of the chest, the fingers extending across the back, as in the Schultze method of artificial respiration. The thumb of the left hand should cover the third intercostal space almost against the left border of the sternum, while the right thumb is placed over the fourth intercostal space directly in the mammary line.

Now make deep pressure, first with the right thumb, which forces the blood out of both ventricles; from the right ventricle thru the pulmonary artery to the lungs, and from the left ventricle thru the aorta to the arteries of the body; then with the left thumb, causing both auricles to contract and forcing their blood into the ventricles. This alternate pressure should be made at the rate of one hundred per minute, until the heart is distinctly felt to beat of its own accord, then it is safe to start artificial respiratory efforts. Of course, the efforts would be in vain if the infant had been dead too long, or if, after starting the heart, normal respiration could not be establisht.

As an illustration of the method of heart massage, I will give the history of the last case in which I was compelled to resort to the use of this procedure.

Illustrativ Case.

The patient, Mrs. B., a lady of English nationality, was born in Florida, of healthy parentage. Her father and mother both living and in good health, the mother having given birth to sixteen children, all living, the last one born when she was fifty years of age. Mrs. B. is 28 years of age, strong and robust, seemingly in perfect health.

On January 28th, at 3 a. m., I was called to attend her in her first confinement. She had been having pains since 6 p. m., but after preparing the patient and thoroly scrubbing and disinfecting my hands, on making a digital examination I found practically no dilatation; so leaving a nurse in charge I returned home, promising to see her next morning if not needed sooner.

January 29th I visited the patient again, but still finding very little change in condition of the cervix, left to make my round of professional calls. At about 2.30 p. m. the nurse telephoned me that the bag of waters had ruptured and labor pains had commenced in earnest. I arrived again at 3 p. m., and on making digital examination found the os about two-thirds dilated, patient having very forcible pains on an average of one every five minutes.

The child's head was quite large, the pelvic outlet small and narrow, and the bones well padded with fat; so that altho the pains recurred frequently and with much force, the birth progrest slowly. However, as the head seemed to descend a little lower with each pain, I decided not to interfere instrumentally.

At 5 p. m. the head was born and the body quickly followed. I noticed at once that the infant was pale and lifeless, making no effort to breathe, and after several tests no pulse or heart beat being ascertainable, I was certain we had a stillborn child. The umbilical cord was very small, thin and tightly comprest between the index and middle fingers of the right hand, evidently completely shutting off placental circulation.

Ordering the basin of hot water, I quickly releast the cord, cleansed the mucus from the mouth and throat, and placing the infant in the basin of hot water commenced to massage the heart as described above. This I continued steadily for five minutes, when, the heart taking up its duties, I began using the Dew method of artificial respiration, which is superior to any other in these cases, as it can be used without removing the infant from the basin of water. In a few minutes the heart quit beating again, so we had to stop the efforts to induce respiration and resume the heart massage once more. This time the tongue was firmly graspt with compression forceps and rhythmic traction made on that member while the heart was being massaged. After a few minutes, the heart taking up its burden again, heroic efforts to establish respiration were resumed, using besides the Dew, the Sylvester and Schultze methods; the mouth-to-mouth inflation of the lungs, which is sometimes possible; occasional douching of the chest with cold water; dilatation of the sphincter muscle of the rectum, and others. After work-

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ing strenuously for one hour, the heart beating steadily since its second start, normal respiration commenced, the child cried lustily and the battle was won.

The cord was left intact until the infant was completely resuscitated, in the belief that it aids somewhat in the re-establishment of normal circulation.

Erie, Ill. ROBERT E. LARUE, M.D.

Against the American College of Surgeons.

EDITOR MEDICAL WORLD:—I read in the newspapers that each fellow of the new American College of Surgeons, 1,060 of whom were elected by the board of regents at a recent meeting, must sign a pledge, as follows:

To avoid the sins of selfishness; to shun unwarranted publicity, dishonest money-seeking and commercialism as disgraceful to our profession; to refuse utterly all secret money trades with consultants and practicians; to teach the patient his financial duty to the physician, and to urge the practician to obtain his reward from the patient openly.

In addition, the following statement was added:

The objects of the college, it was said, were to raise the standards of surgery in this country so that only competent men shall be allowed to practise. To accomplish this the board of regents will urge legislation requiring a supplementary degree as a requisit to practise surgery. This degree it is planned to grant to graduates of recognized colleges by the medical school to be establisht by the regents.

The effort to raise surgical standards, that will tend to greater conservation of human life, is certainly laudable. Far be it from such as I to say, write or suggest anything that might, in the least, thwart such action.

But the proposed methods, to me, smack loudly of "surgical trust" in the not distant future.

I do not aspire to do major surgery, believing that the hospital is the proper place for that, and by the hands of one in frequent contact with such work. But there are countless lesser operations which we of the common herd are thoroly competent to perform.

It is our right, and we should tolerate no interference, nor permit it to be legislated away from us, as intimated in the clipping above quoted.

Note that this surgical degree is planned to be conferred by the surgical school to be establisht by the regents of this 1,060 *elect* and their ilk.

The man who takes the four-year course as now prescribed in all recognized colleges, and follows up with a year's interneship, must still come to this octopus, and if all is auspicious it will lay down the bars and bid him enter, to graze in pastures green. They will see to it that there is no crowding within the fold. Accomplisht young surgeons are becoming a little too numerous for some of this gentry. Tho I fully realize that our country's so-called best surgeons are in this new association, I do not hesitate to pass this judgment.

There are more than 100,000 general practicians in the United States who will never have a look into this surgical promist land. Behold what we, in theory, have come to! We are supposed to send our eye, ear, nose, throat, lung, heart, stomach and female cases, and so forth *ad nauseam*, each to its respectiv specialist. Last, but not least, the surgical cases to the F. A. C. S. Now, brethren, what is left for this grand army of 100,000 to subsist upon? Latest figures indicate that the average doctor's salary is only $700 per year. We are only fishers of men for these high classics, who rake in the tin while we slumber and sleep, so to speak.

Now let us see how this 1914 model F. A. C. S. is going to work. Dr. General Practician, you have for several days made frequent and irregular visits to an obscure case, at all hours of the 24, in all kinds of weather. You have made test after test, examined and re-examined; you have ransacked your library from top to bottom and finally arrived at a correct diagnosis. It is a surgical case. Dr. Eminent Surgeon, F. A. C. S., 1914 (don't omit the title), is called. He is that fellow who used to be your seat-mate in Squedunk Medical College, who used to pony off your exam. paper. But now he belongs to the *elect*. He comes out in his six-cylinder, and you drive out your mud-bespattered Nancy Hanks to meet with him. He picks from us what is wrong, looks wise, makes a deft and touching examination, and with his hand on our shoulder tells the family you were correct in your diagnosis, to make you feel good, for the worst is yet to come He inquires of you concerning financial conditions, and being assured favorably, decides it is a case requiring immediate operation. We trundle the case away to the publicly-owned and charity-supported hospital, where Dr. E. S., F. A. C. S., proceeds to cut out a $150 or $200 fee. He permits us to drive our old nag home, col-

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lect our measly fee of $15 or $20, after he gets his, of course. Week after week this process goes on. We are as lumps of clay in the hands of the molder.

But suppose it is a case of pneumonia, a purely medical case. Does this Dr. E. S., the great and exclusiv surgeon, refuse to come, saying, "No, I am a surgeon only; send for a medical man; send for Dr. X., the internist"? Oh, no, my dear Alphonso, be not deceived! It is not in him. He knows both medicin and surgery. While you, poor ignoramus, are only a plain internist. Do you get me?

You may not so much as lance an abscess or remove a toenail, should the above project mature, unless you are on the inside. And you may be assured that you won't be. Your place is with the goats. There you will abide forever.

Now there are some remedies in our hands. We should proceed to apply them as indicated.

In 90% of all cases the family doctor selects the consultant, when one is necessary.

First remedy then is to be given full strength, undiluted. Don't choose an F. A. C. S. man. That ought to hold them.

Second, on no account allow them to be called in medical cases, explaining to the patient that they are not internists, but surgeons.

Third, form a parallel school of therapeutics with a very similar title to put after our name, as F. A. C. T. That's what it is—a deadly *fact* which threatens your bread and butter.

Be ye doers of the word, and not hearers only, deceiving yourselves.

THOMAS F. COLLINS, M.D.

Adamsville, Pa.

The Phenol-Petrolatum Treatment for Pulmonary Tuberculosis.

EDITOR MEDICAL WORLD:—A treatment for pulmonary tuberculosis that will show a negativ von Pirquet test in from four to six months has undoubtedly checkt or eliminated tubercular activity. This is conceded, unquestionably, by all authorities on the treatment of tuberculosis.

Having demonstrated this during the past year in every case of pulmonary tuberculosis in which I have administered the phenol-petrolatum treatment, I feel that it has been fully demonstrated that this is the most promising treatment ever presented to the profession.

Among the number of patients given the phenol-petrolatum treatment have been several who, after having taken tuberculin in conjunction with sanatorium treatment, and who have been discharged as arrested cases, have come to me for examination and further treatment. The von Pirquet test in every case has shown a positiv reaction, the microscopic examination showed the presence of the bacilli with the mixt infection, and the usual amount of pus was being raised. These cases had been discharged as arrested cases, and presumably were physically able to follow the pursuits of activ life.

These cases, and the thousands of others of like kind, go to make up the misleading statistics of "cures" and "arrested" cures. The points I wish to make are: is it fair to the general public to throw these cases back upon them to continue as an infectiv source; and is it fair to mislead the patients themselves into believing that they are able to go to work?

Recently a most pitiful illustration of this came to my attention: A young lady, school teacher, wrote me that she had spent thirteen months in a well-known sanatorium, where she had taken the rest treatment, with the usual stuffing of milk and eggs, and the tuberculin thrown in. At the end of that time she had spent sixteen hundred dollars, all that she had and the savings of years. As she had gained twenty-five pounds in weight, was running but a very slight temperature—as long as she remained in bed, and incidentally had no money left to meet sanatorium charges, the medical director informed her that she had an arrested case, gave her a certificate to this effect so that she might go back to her teaching and as they say in "fairy stories" live happily and well all the rest of her life.

She took up her work again in school, and in three months her condition was such that she had to give up her work, and her doctor reports that the tubercular processes are more markt than they were in the beginning.

I do not mean to question the value of sanatorium treatment and care of tubercular patients, for if nothing more they are segregating these people and teaching them how to care for themselves and protect others from the infection.

However, I think that they should be perfectly honest with their patients; that is, to impress upon them the fact that an arrested cure is not a therapeutic cure, that once a tubercular always a tubercular in so far as the need of rest and hygienic treatment is

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concerned. This does not necessarily mean that they are invalids for the rest of their lives; but it does mean that we cannot conscientiously encourage them to look forward to a normal, activ life.

In the case of the unfortunate school teacher it would have been far preferable for her, and to the advantage of the community upon which she will become a charge, to have imprest upon her in the beginning that she should conserve her limited resources, take the rest treatment at her home and later she would have probably found a way to earn a small income which in addition to her small savings would have met her necessities for as many years as she could possibly live.

Now, I hold that any treatment which can be administered to a tubercular patient at home, regardless of climatic conditions, and which apparently gives better results than an expensiv sanatorium treatment, is the treatment for the general practician to recommend—and is, in fact, a duty that he owes to science and society.

When it is as it should be, and the national government takes up the care and treatment of tubercular people, then the sanatorium treatment and the segregation of tubercular people will be the ideal solution, regardless of whether a therapeutic cure has been attained or not.

At present, however, I believe it the duty of the physicians to advise against removal and caution their patients to remain at home. In advanced and hopeless cases, where the patient is well able to meet the expenses incurred in travel and change of climate, it is perhaps excusable in advising this procedure; but to lend any encouragement or hopes to the patient for an ultimate cure or anything more than a temporary benefit is not excusable. It is almost a daily occurrence, even in this small city, for the remains of these unfortunate people to be sent back to their homes. Many of them no doubt have sacrificed all of their worldly goods to enable them to take this last and hopeless chance.

Even in these hopeless cases I would suggest the hypodermic use of phenol-petrolatum; for I am sure that you will accomplish more with this treatment than with any other heretofore tried. In incipient and moderately advanced cases you will be most agreeably surprised in your results. Here I give a brief *résumé* of the treatment:

As a preliminary treatment I give a thoro course of small doses of calomel. The second day thereafter I begin the treatment, giving 15 minims of the 1% phenol-petrolatum with an ordinary hypodermic needle, subcutaneously, either in the back or arm. This dose is given daily for fifteen days; then I give same dose every other day for thirty days. This constitutes the first course. After an interval of ten days I repeat the course.

Phenol-petrolatum is composed of 1% of phenol incorporated in liquid petrolatum. It is not a proprietary preparation; but I have it prepared by a skilled chemist, and any one is free to make it.

If any physician is interested and cares to write me I will take pleasure in giving him any further information.

STANLEY SEVIER WARREN.

San Angelo, Texas.

[Our experience with the state sanatorium of Pennsylvania is quite different from that of the above writer with sanatoriums. We have sent some patients to Mont Alto, Pa., a state sanatorium, and they have been well cared for and treated and came home only when permitted and in a good state of health. It is quite possible, however, that in private sanatoriums the patients are discharged when their money runs out. All states should maintain tuberculosis sanatoriums for their residents and sufficient funds should be supplied for all needs, so that patients need not be discharged until well or as nearly well as it is possible to become. In addition to sanatoriums for tuberculosis the Pennsylvania State Board of Health, under its efficient head, Dr. Samuel G. Dixon, maintains public tuberculosis dispensaries scattered thruout the State for the examination of new cases and treatment of cases discharged from the sanatoriums. —ED.]

No Race Suicide Here.

EDITOR MEDICAL WORLD:—I send you two photographs, taken at Christmas (1913), of a reunion of the family of one of my patrons, a farmer living near here. No. 1 shows him and his wife and 12 children now living. (Three died at birth, so there were 15 in all.) You will notice, in order of age (from right to left), 5 boys and 1 girl; 5 more boys and another girl. Have "superintended" their arrival, as also that of all the daughters-in-law save two, and of all the grandchildren, shown on photograph No. 2, except two that were

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born away from here. Six sons and one daughter are married, and as picture No. 2 shows, are beginning to emulate the scriptural injunction to which their parents gave due heed. Some years ago one of the sons required an operation for appendicitis. The surgeon I had called asked me the circumstances of the father. I replied, "He's rich —has 12 children living." He replied, "I'll make him a special low charge," and he did so.

Fig. 1.—A Pennsylvania Family.

Another farmer near by has had a family of 15, fourteen of whom are grown—10 girls and 4 boys. These girls can play the piano *or* the hoe; can dance or feed the calves; harness and drive the colts (have had three broken legs in the family, all caused by horses), can run the mowing machine, the auto or the traction engine.

I also "superintended" their arrivals, and have attended this family since 1870, as also those whose photos appear since 1877—one for 37 years and the other for 44 years.

Quite a number of other families here have 8 to 10 children, but these two are the "prize winners" on my list. Needless to say that both families are well educated and up to date, and among my most prompt-paying, "no-kick" customers.

McKnightstown, Pa. R. B. ELDERDICE.

Fig. 2.—The Family Reunion, Including Members by Marriage and Grandchildren.

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Ulcero-Membranous Faucitis.

EDITOR MEDICAL WORLD:—In December WORLD, page 495, Dr. Sargeant speaks of a new throat trouble that resembles diphtheria—some call it tonsillitis. This throat affection is prevalent here, also. Here some called it diphtheria and have had houses placarded diphtheria; others declared it was not diphtheria, but were at a loss for a name.

The proper name for this throat affection is *ulcero-membranous faucitis*, or *stomatitis*. Some cases are light and receive very little attention. Others have quite an inflamed throat, affecting tonsils, fauces, soft palate generally, gums and tongue.

Symptoms.

In primary symptoms we have congestion and edema of throat, tonsils, soft palate and fauces. This is succeeded by a membranous exudate on tonsils and soft palate, and then in turn by ulcers. This pseudomembrane is not unlike the membrane of diphtheria in appearance, but is of less density and is more readily removed. Beneath the membrane may be seen eroded surfaces that bleed easily. The membranes very promptly reappear and these erosions later become ulcers in the more severe cases. There is swelling and soreness of the submaxillary and retromaxillary glands.

The systemic disturbances are mild; malaise, anorexia, nausea and vomiting, constipation, dysphagia, odynphagia, headache and a mild fever and *no* Klibs-Loeffler bacilli. All symptoms are milder than in diphtheria.

Duration varies from 1 to 4 weeks, according to severity.

Treatment.

Locally, hydrogen dioxid for cleansing mouth and fauces. Follow this by an application of a 5% solution of argent nitrate to arrest ulceration and promote granulation.

Internally, potassium chlorate has a markt beneficial effect. It is equal to quinin in malaria. Give it in tablets on tongue or in solution, 5 grains 3 times a day, or more as needed. DR. W. R. ROTE.

Williamsport, Pa.

EDITOR MEDICAL WORLD:—I do not want to miss a single copy of THE MEDICAL WORLD, as I have bound them for many years (away back in the '80's), and altho this, the 18th, is the last day of my 80th year of age, I am still in the harness and working every day and need THE WORLD with its advice, suggestions and experience.
Grafton, Ill. W. PARK, M.D.

Coitus Interruptus as an Etiologic Factor in Disease.

EDITOR MEDICAL WORLD:—I read with interest Dr. J. I. T. Long's remarks on the effects of onanism, in the February issue of THE MEDICAL WORLD. It is time that the great sinister importance of *coitus interruptus* in the causation of numerous nervous and sexual as well as somatic disturbances should be brought forcibly to the attention of the medical profession.

It is remarkable how utterly unaware the profession seems to be of the dangerousness of this pernicious and constantly spreading habit. I see daily—and when I use the word daily I do so in its literal and not figurativ sense—numerous cases of sexual neurasthenia, sexual impotence, ejaculatio præcox, phrenocardia, insomnia, gastro-intestinal disturbances, migraine, etc., in which the sole and only cause is found on investigation to be *coitus interruptus*. And it is still more remarkable that the patients themselves, among whom there is always a goodly number of medical men, do not seem, except in occasional instances, to associate their condition with the practise of *coitus interruptus* —for, as they say, they consulted other physicians and they did not seem to consider *coitus interruptus* an injurious practise. It is only when they are made to give up the practise and notice the rapid improvement in their condition that they begin to see the causal relationship.

As you well know, I am not a believer in complete sexual abstinence, being convinced that abstinence is responsible for many nervous disorders, but when it comes to choose between complete abstinence and *coitus interruptus* I am decidedly in favor of the former. WILLIAM J. ROBINSON, M.D.
12 Mt. Morris Park W., New York City.

Successful Use of Goodnight Operation for Varicocele.

EDITOR MEDICAL WORLD:—I want to say a few words about the Goodnight operation for varicocele mentioned on page 39 of the January WORLD, as I have done that operation on myself twice. The only valid objection I know to the operation is the liability of the scrotum to stretch until it needs repeating. I had been compelled to wear a suspensory for fifteen years, when, tiring of the bother of it, I decided to cut off the bottom of the scrotum and so convert it into a natural suspensory. I fastened a clamp, made of two strips of wood tied together with twine at the two ends, in position, then

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injected a 4% solution of cocain into the part below the clamp and cut it off with scissors and sutured the stump with interrupted sutures, with as little pain as if I had been working on some one else. When thru I removed the clamp, put on a dressing of cotton, supported by a suspensory, and went on about my business as if nothing had happened. There was scarcely a drop of blood lost, nor any pain or soreness till it was well. I rode a bicycle 500 miles in hot summer weather during the last half of the healing process. When well, I left off the suspensory and have never needed it since.

I should not have needed a second operation, but I was afraid to cut off enuf the first time, fearing I might overdo the thing. As it was, seven years after the operation it began to hang too low and call for support, so instead of resorting to a suspensory, I cut off another slice. This time I used no clamp, but merely held it between my fingers of the left hand and used the scissors with the right. I used cocain as before and there was absolutely no pain and but a spoonful or two of blood lost. There were no veins to tie, simply the two edges to unite with interrupted sutures. Before putting them in, I let the testicle come down outside into my hand enuf to see that the tunica vaginalis was cut open, contrary to the statement in THE WORLD, above referred to. I drest it this time as before and went on about my business with no inconvenience whatever. At this time I was doing a little farming and spent the greater part of the first three days plowing with a walking plow. This was in hot weather, June, the same month as before.

It is now nearly seven years since this last operation, and I can see it has stretcht down considerably, but not yet enuf to cause any trouble, tho I may have to remove another section again in a few years if I live. For my part, I prefer this operation to the more radical operation usually recommended, even if it does have to be repeated several times in a lifetime. A. C. AMES.

Mountain Grove, Mo.

EDITOR MEDICAL WORLD:—Here I come with my $3 for WORLD. Been living with it for fifteen years. Of all medical journals, it is "sine qua non." I took warning from your Business Talks and the sharks never caught me. My money is invested in local enterprises—viz., oil and gas wells, banks, gas stocks, mortgages on farms, etc. As long as I dose for the "abnormal performances of those processes which constitute life," I hope to read THE WORLD.

Cameron, W. Va. W. V. TEAGARDEN.

My wife is about as anxious to receive THE WORLD as I am. M. M. HART.

Vera, Texas.

Good Remedies in Asthma and Heart Diseases.

EDITOR MEDICAL WORLD:—I have been a lifelong sufferer from nervous, spasmodic asthma, and of late years complicated with weak heart action. I get relief from the dyspnea by the following remedies: Cretægus tincture, 5 or more minims taken every twenty minutes until relief. I have also found occasionally great help from moschus, 3x, belladonna tincture, 10 drops in cup of water, teaspoonful doses of this solution until relief occurred.

I have found cretægus and cactus tinctures are of great benefit to me as heart tonics. Numbers of other people about here have been greatly helpt in heart trouble with cretægus. The regular school of medicin does not seem to be awake to the great virtues of this last remedy in most if not all forms of heart troubles.

GEORGE OSBORNE.

804 W. 5th St., Fremont, Neb.

The Colored Physicians Speak in Their Defense.

Dr. C. F. Taylor, Editor MEDICAL WORLD, *Philadelphia, Pa.:*

DEAR DOCTOR:—I wish to acknowledge the receipt of the markt copy of THE MEDICAL WORLD, and to thank you for the same. However, I had already seen the communication, as I always read THE WORLD. It is one of my most valued exchanges.

Several of your colored subscribers had already written me requesting that I make answer, which I intend to do. I will send a communication for publication in your journal, and will also make editorial comment in the May number of the *Journal of the N. M. A.*

I wish to say, however, that the difference in the spirit of the communication and your answer thereto is the difference between the bottom and top of the medical profession in the South.

In my twenty-five years' experience as a physician (fifteen years as general practician and ten years as specialist) in the South I have met but one man in the medical profession that manifested the spirit of that letter, and, strange to say, he was not a native Southerner, and had intellectual qualifications inferior to those manifested in the letter to you.

Again cordially thanking you for your liberality and courtesy, and congratulating you upon the very helpful journal you issue, I remain, very sincerely yours, C. V. ROMAN.

Professor of Diseases Eye, Ear, Nose and Throat, Meharry Medical College.

1303 Church St., Nashville, Tenn.

EDITOR MEDICAL WORLD:—Concerning article "Wants to Keep the Negro Physician Down," I wish to state that I thank God that whoever was so hidebound as to express openly and in print the whisperings of a distorted soul of humanity represents a very small minority of the white physicians of the South.

Being born in the heart of the South, of ex-slave parents, and having practised in the South for twenty-odd years, I know that no such in-

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clination lurks in the hearts of the majority of our southern physicians. They are broad minded, liberal and congenial.

It seems that the writer of the article is afraid of competition with the Negro physicians. He asks what is the Negro physician doing as a physician and surgeon? What is he doing financially? And how does he compare with the white applicant in state examinations? Yet in the next sentence he answers his own interrogation with a taint of envy.

Then comes the prejudicial interrogation: "What is the best thing we can do to keep him down?" His first and second questions he answers from his viewpoint. His third he asks with a knowledge of the fact that the Negro physicians all take examinations before the same boards, at the same time, and upon the same subjects with the identical questions that the white physician does. The fact that he makes the percentage required and obtains his license to practise is evident that he proves himself just as competent as his brother.

The Negro physician asks no favors, but asks to be simply measured by the standard of justice, right and manhood.

I feel sure that the editors of the *Journal of the National Medical Association* will furnish the statistical information you so kindly invited us to furnish. WILLIS E. STERRS.

Decatur, Ala.

DR. C. F. TAYLOR:—I read the questions the Southern physician askt you, and I also read your reply (February WORLD, page 65).

I cannot say anything about the showing we make before the state boards, because I have never investigated the matter, as I always thought that the state medical examiners knew what they were doing and would not pass anyone who did not meet the requirement and also the average passing mark, but I do know that the highest mark made in the winter term examination before the Virginia state board in 1911 was made by a colored physician, and I know that Virginia is along with the best states in the Union in regard to requirements, number of subjects and the average for passing.

Anyway, I would like the doctor to know that knowledge is not in pigment of the skin, but in the gray matter of the brain.

Salem, Va. W. R. BROWN, M.D.

EDITOR MEDICAL WORLD:—For about eight years I have been a subscriber to THE MEDICAL WORLD and have always found it to be very helpful. Your "Business Talk to Doctors" is O. K., and I have tried to follow a great portion of it.

As a colored subscriber to THE WORLD I am writing particularly to refer to the item in your last issue, "Wants to Keep Negro Physicians Down." I am sure that all of your colored subscribers were pleased to see the fair-minded criticism you gave of that narrow-minded man's inquiry. I could write at length in reply to his foolish letter, but not having all the statistics necessary to enlighten him and others as to the progress the Negro physician is making in this country, I referred the article to Dr. John A. Kenney, of Tuskegee Institute, Ala., managing editor of the *Journal of the National Medical Association*, who has written a booklet on "The Negro in Medicin." I requested him to reply to the article and forwarded him my copy of THE WORLD, as I did not know whether he was a subscriber to the same. Please, therefore, send me another copy of the February WORLD.

I thank you for publishing the letter referred to. It certainly will help to broaden the minds of many of your subscribers I am sure, altho I think there can hardly be many doctors with the disposition this man seems to have. I hope Dr. Kenney will write to you. I am sure he has just what you invite. HARRY F. BROWN.

1501 Presstman St., Baltimore, Md.

EDITOR MEDICAL WORLD:—Permit me thru the medium of your valuable columns to make a few remarks, by way of reply, to the letter written by a Southern man, relativ to the educational and financial status of the Negro medical doctor. Ere I attempt to answer the letter to which I refer, I must sincerely thank and commend you for the manly stand which you have taken in behalf of your black colleague.

The Negro physicians, as a whole, are doing well, especially when we take into consideration the many drawbacks and obstacles with which they must contend. Financially, they are doing no less than their white colleagues, and, whenever they are put to the test, they may well prove that every dollar which attracts the attention of people, concerned or unconcerned, is honestly made and most of their earnings come from their own dear race—and here I may infer that they are blest with one good fortune, that of not craving for the opposit race as an asset to their practise, as many of the Southern physicians are wont to do.

The Negro doctors come from the various medical colleges of the country, many of them are graduates of such institutions as Yale, Harvard, University of Pennsylvania, Temple University, the universities in Chicago and the universities in New York, while a large number are from the two leading colored medical colleges, Howard and Meharry, both of the latter being in Class A. Relativ to the literary training of the Negro physician, it gives me pleasure to say that a large majority possess a high standard of the same. Some of them hold degrees from English universities.

In regard to their showing before state boards, they compare creditably with the white doctors, many averaging much higher than the white applicants, especially in the Northern and Eastern states, where they are given a fair show. Seemingly the "keeping down" process obtains in some Southern states, as many of the most brilliant negro graduates, who have averaged high up in the 90's, while at first-class colleges, have been compelled to retake the examination when they are determined not to be "kept down" and *kept out*. Sometimes this is a reflection on the respectiv alma mater when these failures are publisht. But if it would concern itself, the solution would be color plus politics, or color only. No! They cannot be "kept down"!

In some places they may "make more money than the white physicians," but in that case what else could it be but superior skill, since, I venture to say, it is not a matter of race, as their own people expect them to do much more than the white physicians.

In the state of Oklahoma there are over 100 Negro physicians, some doing well; others are not. They average from $600 to over $3,000 per annum. Most of them own their homes and

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other real estate; a few operate hospitals and sanatoriums. At the last meeting of their state medical association over 70 members were present. Some able papers were read and discust; modern surgical technic was demonstrated; the therapeutic value of many sera was given much consideration. The following medical colleges were representated: Howard, Meharry, University of Michigan, Yale, Pennsylvania, Loyola, University of Chicago, Ohio Medical College, and the other colored medical colleges.

The question has been askt, "What is the best thing we can do to keep him down?" Almost every conceivable thing has been tried and utterly failed. The only thing now left is to deprive them of free oxygen.

Bristow, Okla. CARL R. WILLIAMS, M.D.

EDITOR MEDICAL WORLD:—In this month's issue of your most excellent magazine I read the letter of inquiry addrest to you by a Southern physician about Negro physicians and surgeons; and also your broad and sensible editorial on the same.

You have kindly askt a "more full reply" to the letter than you have been able to give offhand. Perhaps I can give you some facts and figures that may prove interesting and beneficial to the doctor who makes the inquiry. As far as I have learned, there are more than 3,600 Colored physicians, men and women, practising their profession in the United States. Some are graduates of colored medical schools, and many are from some of our best and oldest medical schools in the country. These are facts which I may relate without taking time and space to give the names of the schools.

The preliminary education of these men and women has been such as to enable them to pass successfully the entrance examinations, many having been graduated from other colleges before beginning their professional studies.

As students they have held their own, and in some instances have led their classes and graduated with the highest honors, thus showing that fair play had been accorded them regardless of color or race. State examinations have been creditably passed in common with their white brothers and sisters. Their success, like that of other physicians, has depended largely upon location, tact and professional skill; so that it can be said that some are doing well, others better, and some are accumulating fortunes, being possessors of handsome and valuable real estate and owning and driving automobiles in making their professional calls.

We have some physicians, surgeons, and dentists who are noted for superior skill and ability; and their practise is not confined to their own race; they are often employed by those who lose sight of color when it becomes a question of skill in difficult and delicate cases.

As to consultations, I am proud to say, some of the most eminent of the profession, broad-minded physicians and surgeons of the white race, will respond to the call of, and meet in consultation with, Colored physicians; and their dignity as gentlemen is not disturbed by such exercise of professional courtesy.

Before closing this article I would like to refer your Southern physician, who is so anxious to learn all he can about Negro physicians and surgeons thruout the country, to the December number of the *Medical Review of Reviews*, which contains an article entitled, "The Negro's Progress in Health," page 710.

Your own editorial, coupled with the above-named article, should furnish encouragement to all fair-minded members of the medical profession in reference to Negro physicians and surgeons.

S. MARIA STEWARD, M.D.,
Resident Physician of Wilberforce University.

Wilberforce, Ohio.

[There are two questions which are supreme tests of a man's breadth of mind and liberality of spirit. They are what is called "religion," but which the narrow-minded turn into irreligion, and the race question. The intolerant man turns green, purple and blue and "throws forty fits" when either of these questions is mentioned. The white race cannot expect to progress unless it can treat these two questions rationally. Force will not solve either problem. The yellow race may some time meet force with force successfully, unless the solution is put upon an ethical basis. We are not the only ones who look at these two questions in the wrong spirit. In China, white Christians are frequently called "foreign devils"—possibly because many white people from Christian nations have acted that way. Racial and religious prejudice is as deeply seated in other peoples as in our people; hence if we would lead, we must climb above the mire of prejudice.

Does this seem far away when considered in relation to people far away? The principle is the same when we meet these questions right in our midst. Arrogance in the white race will bring out what every sensible person knows to be the natural results in a race once in subjection; while gentleness and justice will bring out the best that is in a man, white or black. High-minded Southerners know better than we Northerners do how to be gentle and just without the most distant thought on either side of social or marital relations.

No high man will put a straw in the way of the rising of a race to respectability, usefulness and happiness, whatever that race may be—and the white race is not yet perfect—indeed, it is far from it. Let every race grow in grace.—ED.]

Colored Physicians Are Treated Courteously.

EDITOR MEDICAL WORLD:—In answer to "Yours Truly," January WORLD, page 65, will say that we have 4 or 5 Negro physicians practising in Dallas, Texas.

They are men well informed in medicin and surgery, having their own sanatorium, and it is well equipt with nurses and everything required, and their success compares favorably with ours.

They prosper because they are good business men. We meet them occasionally in consultation, and find them exceedingly courteous and ethical.

They pass the State Board of Texas on their ability, and not the color of skin. We do not try to keep them down; we are glad they do the work they are doing. J. T. WATSON.

Dallas, Texas.

DEAR DR. TAYLOR:—It is not common for me to give special praise to any world-wide publication; but your WORLD is so *good* and *useful* in so many *fields*, that I cannot refrain from at least once speaking out. Those who read it know its virtue, and I need say but little here. In its helpfulness in medicin, in politics, in the business of the physician, finance and exposure of swindlers it is beyond comparison with any similar publication.

Sheridan, Ill. R. W. BOWER.

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A Note on Epithelioma.

EDITOR MEDICAL WORLD:—For over twenty years I have been making investigations in finding the true cause of epithelioma and the search for a possible cure, and still it can only be said this is only a beginning of the work, for it is hardly possible to state that any definit conclusions warrant me making any statements as to the true cause of epithelioma. Still I am led to believe, however, from clinical experience during this number of years in the treatment of epithelioma, that we may reach most cases by the potassium treatment, which has proved very successful; and with the electrotherapeutic treatment. I use thuja and hydrastis and the potassium salts, where it comes from moles and warts. I have found men working in woods and on farms very subject to epithelioma; also men working on pitch or tar roofs, and by the present campaign of public education which is going on, with the vast amount of clinical research being conducted, there is very little doubt but that there will be a discovery of the true cause of cancer.

We see all kinds of cases and find all the patients have tried and used various means before applying for treatment. I have seen a number of chimney sweepers' cancers from the soot, and from irritation from tar, while in Europe. I find a number here from wood cutters or men working among timber. E. MATHER, M.D., LL.D.

Detroit, Mich.

Recommends Chlorid of Zinc for Epithelioma.

EDITOR MEDICAL WORLD:—Your warning of radium is well timed. From what I have learnt from reading your journal, this sudden laudation of untried means of cure is to be condemned. If the consideration of the means we have at hand for treating external incipient cancer were given more attention much good could be done. Some of the work done with chlorid of zinc, if it were but a new, high-priced remedy, would be heralded from one end of the country to the other as a wonder-working cure calculated to control this terrible disease, but it is cheap, easily used, consequently neglected.

Atlanta, Ga. M. T. SALTER, M.D.

Facial Spasm.

EDITOR MEDICAL WORLD:—There was an article on the treatment of facial spasm in one of the medical journals several years ago that I believe would be useful to "Ohio" (February WORLD, page 71) provided, of course, that it is of the so-called hysterical type.

While I do not remember the name of the journal or that of the author, the treatment was as follows:

Have the patient stand in front of the mirror for about fifteen minutes every day and endeavor to reproduce the spasm voluntarily, the object being to convert the involuntary muscular contractions into voluntary motions. When the patient has practised such motions until she can produce them at will, she is also enabled to exercise control over the spasm.

I give this treatment for what it is worth, but it seems to me to have some merit.

Asher, Okla. H. M. REEDER.

[Dr. Reeder also sends the formula for "August Flower," which had already been sent in and put in type.—ED.]

Facial Spasm May be Due to Malaria.

EDITOR MEDICAL WORLD:—In your February issue, page 71, "Ohio" wants information as to treatment of facial spasm, with special reference to crotalin. I will offer just a word. In cases of hemispasm is it not due in many cases to malarial poison? And will not full doses of quinin sulfate have a beneficial effect?

Romulus, N. Y. E. W. BOGARDUS.

[Have our readers in malarial districts had experience that bears out the doctor's views? We should be glad to hear from them.—ED.]

Curare for Poisoned Needle.

DEAR DR. TAYOR:—February WORLD (page 70) open before me. Subject, "Poisoned Needle." May not curare or its alkaloid, curarin, be the substance employed? Your lengthy and rather theoretical editorial note prompts me to suggest the above-named drug as being logically more practical for such purposes. E. D. S. MULLISON.

Phœnixville, Pa.

[Yes, curare might be employed, but curare is a drug we think not easily obtainable. We think that a cyanid or perhaps conium is more easily secured, altho conium would probably not be as activ, since it mainly paralyzes motor nerve ends. —ED.]

Dies of Disappointment.

EDITOR MEDICAL WORLD:—In response to the request of Dr. I. L. Garrett, in the January WORLD, for funny incidents to put in a book he is getting up, I will contribute the following for the benefit of THE WORLD readers, and then he may put it in his book:

A few days ago I was consulted by a man 85 years old, a deacon in the church, the father of 25 living children, the youngest nearly a man grown, and 100 grandchildren and great-grandchildren, who was living with his fourth wife, a healthy woman of some 50 years of age, and his complaint was that he was of late losing his sexual ability and wanted something to restore it. I thought to myself that he had served his country well, and therefore advised him that at his age it was not much use to expect better health than he had always enjoyed and still did, except in the one particular. This, however, seemed to be the beginning of a senile breakdown, for he lived but a few months longer.

Mountain Grove, Mo. A. C. AMES.

Optimism.

The cold wet rain kept sloshing down, and flooded yard and street. My uncle cried: "Don't sigh and frown! It's splendid for the wheat!" I slipped and fell upon the ice, and made my forehead bleed. "Ghee whiz!" cried uncle, "this is nice! Just what the icemen need!" A windstorm blew my whiskers off while I was writing odes. My uncle said: "Don't scowl and scoff— 'twill dry the muddy roads!" If fire my dwelling should destroy, or waters wash it hence, my uncle would exclaim, with joy: "You still have got your fence!" When I was lying sick to death, expecting every day that I must draw my final breath, I heard my uncle say: "Our undertaker is a jo, and if away you fade, it ought to cheer you up to know that you will help his trade." And if we study uncle's graft, we find it good and fair; how often, when we might have laughed, we wept and tore our hair! Such logic from this blooming land should drive away all woe; the thing that's hard for you to stand is good for Richard Roe.—WALT MASON, in Philadelphia *Bulletin*.

EDITOR MEDICAL WORLD:—I had been for years a subscriber to THE WORLD, and dropt off for a few months, but I am on the list again to "stay hitcht to the end."

Wingo, Ky. I. A. WESSON, M.D.

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THE PRESCRIPTION PAGE.

A Good Pile Remedy.

℞ Tannic acid.....gr. v
Tr. opium.....℥j
Fluidextract ergot.....℥ij
Glycerin, q. s. ad.....℥j

M.—Insert 10 drops into the rectum, at bedtime, oftener if necessary, with a curved glass dropper. G. W. SWIMLEY, M.D.
Bunker Hill, W. Va.

Sciatica.

L. W. Reynolds, in London *Lancet*, reports a case of sciatica, rebellious to baths, massage, blisters, salicylates, iodids, etc., in which injections of the following solution, repeated at different points along the course of the sciatic nerve, yielded, after a time, markt and lasting relief:

℞ Antipyrinæ.....℥iiss
Cocainæ hydrochloridi.....gr. iiss
Aquæ destillatæ.....℥iiss
Fiat solutio.

The amount injected at each sitting was 16 minims. The injections caused no pain at the time, but considerable pain was always experienced about six hours afterward. The more closely to the nerve an injection was given, the greater the relief. Thus an injection over the external popliteal behind the head of the fibula was productiv of markt benefit, and another on the dorsum of the foot completely removed the pain in four hours, after which it failed to return. At the conclusion of the treatment, in the course of which eight injections were given, the patient was able to resume his ordinary habits, considerable stiffness in the leg being alone experienced.

[For similar pain along nerves that failed to improve under the usual treatment we have injected a solution of urea and quinin hydrochlorid, with resultant cure and no return of the disease.—ED.]

Acute Catarrhal Pharyngitis.

℞ Potassii chloratis.....gr. xv
Olei menthæ pip.....*m* iij
Ext. krameriæ.....gr. xv
Ext. glycyrrhizæ.....℥jss
M. Ft. massa et div. in trochiscos No. xxx.

℞ Codeinæ.....gr. iij
Ext. gambir.....gr. xx
Ext. glycyrrhizæ.....℥jss
M. Ft. massa et div. in trochiscos No. xx.

℞ Cocainæ hydrochloridi.....gr. 1/30
Antipyrinæ.....gr. ij
Sacchari lactis et aquæ dest....q. s.
M. Ft. tales trochisci No. xx.

℞ Ammonii hydrochloridi.....gr. xx
Pulv. ipecacuanhæ.....gr. j
Pulv. capsici.....gr. ¼
Ext. glycyrrhizæ.....℥ij
M. Ft. massa et div. in trochiscos No. xx.

Of any of the foregoing tablets one may be dissolved in the mouth every two hours. The first formula is indicated in moderate pharyngeal inflammations, the second and third when pain and irritating cough are present, and the fourth when the pharynx is covered with thick and tenacious secretion.—WILCOX, in *Merck's Archives.*

Alopecia in Convalescents.

Brocq, in *Journal de médecine de Paris*, recommends that the hair be cut every five days for a period of two weeks and the scalp rubbed daily with the following preparation:

℞ Glycerini,
Rum,
Tincturæ cantharidis.....āā *m* lxxx
Pilocarpinæ hydrochloridi....gr. viiss
Olei santali,
Olei gaultheriæ.....āā gtt. v
Alcoholis.....℥iij
Misce et fiat lotio.

Nervous Headache.

In nervous headaches, try wetting the top of the head frequently with the following mixture:

℞ Alcohol ..... 1 ounce
Spirit of lavender,
Spirit of camphor, of each .. ½ ounce

Vegetable Syphilitic Remedy.

This was used by the late Dr. Wm. H. Cook for secondary syphilis and other conditions:

℞ Fldext. trifolium pratense,
Fldext. ampelopsis quinquefolia..āā ℥iv
Fldext. stillingia sylvatica,
Fldext. corydalis canadensis,
Fldext. berberis aquifolium.....āā ℥ii
Fldext. xanthoxylum bark.....℥i

M. Sig.: 20 to 60 minims 3 or 4 times a day.—J. A. BURNETT, in *Phys. Drug News.*

Enlarged Prostate.

Dr. D. M. Currier has used the following formula as a rectal suppository in enlarged prostate with success:

℞ Ext. phytolacca dec.....gr. iv
Ext. conium.....gr. ⅛
Cocoa butter, q. s.
M. For one suppository.

One such to be passed into the rectum every day. In severe cases one should be used twice a day. Every case of enlarged prostate in which he has used it has been cured, or greatly benefited. —*Eclectic Review.*

Ointment for Acne.

Acne in ordinary practise is best treated by an ointment. The following is of service in many cases:

℞ Resorcin,
Salicylic acid, of each..... 2 drams
Green soap..... 3 drams
Zinc ointment..... 3 drams

A Hot Liniment.

℞ Oil of mustard..... 1 fl. dr.
Chloroform..... 1 fl. dr.
Ether..... 4 fl. dr.
Alcohol enough to make.....45 fl. dr.
—*Druggists Circular.*

Senile Pruritus.

℞ Acidi sulfurici dil.....*m* lxxv
Syrupi rubi idæi.....f. ℥j
Aquæ destillatæ.....ad f. ℥vj

M. Sig.: One tablespoonful every two hours.—*Merck's Archives.*

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultation. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Psychasthenia.

EDITOR MEDICAL WORLD:—Please give me your opinion on the following case:

Previous State.

Male, age 41; height, 6 feet 2 inches; weight, 240 pounds. Occupation, private contractor. Formerly in Japan for several years.

History.—Always a *bon vivant.* Drank wines, etc., very heavily up to March, 1911, when on recovering from a two-day drunk in Los Angeles he was suddenly attackt by the following nervous phenomena two days later:

Symptoms.—Severe depression. Seeming inability to control his legs, *only apparent in crossing a busy street or standing on a corner waiting for a car,* etc. Complained of twitching and creeping feeling in legs. Still smoking, but only drinking occasionally, mostly at night. Would feel very shaky in morning, but this passed off about 1 p. m. Had syphilis about 1909. Severe pains occasionally in left frontal bone.

Physical examination on coming under my care in August, 1911: Pulse, 88; temperature, 99 1/10. Blood pressure—Diastolic, 125; systolic, 152 mm. Urin, sp. gr. 1.010; slight albumin; reaction acid; heavy phosfate deposit. Quantity in 24 hours, 2 1/3 pints. Reflexes exaggerated. Mucous patches in mouth. Wassermann test indicated presence of spirochete pallida. Blood count, slight leucocytosis.

Treatment.—At first sedativ; also specific for syphilis. Cacodylate of sodium, grain 2, three times a week and mixt treatment between. In February, 1912, patient was greatly improved. Wassermann test negativ. Physical condition perfect. All stimulants had been stopt; also tobacco. Habits quiet and regular. Can now walk considerable distances if he carries cane or umbrella under arm. Shaky feeling in legs gone; only fears it might come on.

Treatment from now on has run the gamut of neurasthenic restorativ, including protonuclein and derivativs, lecithin, phosfates, lymph compounds internally and hypodermically, electricity (all forms, static, high frequency, galvanic, faradic, sinusoidal, etc.), all with benefit. Eye test gives normal 20/20 for both distance and near point. Pain in head all gone. Large financial affairs or any conditions of magnitude do not worry him to speak of, but smaller items, especially domestic discords, upset him badly.

Urin normal. Blood pressure and temperature now normal. Pulse, 70.

Present Condition.

Age, 43; weight, 240; general physical condition, perfect. Blood pressure, diastolic, 96; systolic, 106. Urin, appetite and bowels normal. Blood test (6 in 2 years), average 9.100 leucocytes per cubic mm. Habits, perfect. No smoking or drinking or dissipation in any form since August, 1911. At his office from 9 a. m. to 4 p. m. Retires about 10 p. m. Sexual conditions normal. No excesses.

Symptoms.—Extreme irritability when anything occurs outside his usual routine work, or, as frequently happens, domestic troubles. Has a dislike for meeting strangers or going anywhere. Perfectly happy with his one boy, 2 years old. Any of these irritations seem to him (in addition to making him feel bad all over) to affect his legs so that he is afraid to walk for fear of falling. Has a fear always of crossing a crowded street by himself unless he can get close to a building or alongside somebody; then he is all right. Will not go to the city without a cane or umbrella carried under the arm, but never used for any assistance in walking. But in the park on Sundays will walk 8 or 10 miles without anything. Has now done away with umbrella, but *carries small hinged stick wrapped in newspaper* under arm when in city. Mental condition good as long as nothing out of ordinary routine occurs. H.

Cal.

[Your patient is a psychasthenic, manifesting the well-known agoraphobia (fear of open places) in modified form, *i. e.,* fearing the street crossing, but not the park. This condition is analogous to neurasthenia, hysteria, and actual mental alienation; but lacks the weakness and quick fatigue of neurasthenia, the stigmata of hysteria, and the wandering and erroneous ideas of insanity. The condition is an enfeeblement of psychologic function of protracted duration, belonging in the group of mental affections commonly classed as "fixt ideas, obsessions, imperativ conceptions, morbid scruples, phobias (various), feelings of changed personality," etc. Forty different "phobias" have been listed by Janet, and the Greek language has been combed over for names.

In cases such as yours, which grow progressivly worse, the tendency is to gradually limit their sphere of motion until they actually confine themselves to a certain house, or even room, thru this morbid fear. In the cases which improve the improvement is noticed by a reduction in the degree of the morbid concept—as your patient seems to be doing now, *i. e.,* in relinquishing the cane for the stick he carries in a newspaper. From the known character of improvement along this line you are justified in giving a favorable prognosis to the patient, on account of this feature.

Freud regards the sexual element as preeminent in the causation of psychasthenia, and it is quite possible the frequent "domestic troubles" of the patient have a lot to do with his condition. Could not some of this friction be removed, or the disagreements made less frequent? Look into this matter carefully, doctor. It is along this line that you must direct your therapy, if you would succeed in this case. You have certainly

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well, not to say over, treated him. There is nothing more you could have done in the line of therapy. None of the things you have done, however, could benefit him in the least, except in so far as they took his mind away from his obsession and "amused" him for the time.

The treatment must be wholly psychologic. Hypnosis, if he will consent to be a subject, at the hands of a really good exponent of the art, is certain to do temporary good. It must not be relied on solely, however, as the effect is gradually lost. When we say "wholly psychologic," we do not mean to exclude indicated procedures along tonic and sedativ lines. The latter, particularly, in the form of valerian, hyoscyamus and camphor, in full dosage, will prove of value.

You must furnish him with "mental" crutches upon which to lean. Ask him why he should so fear a fall. Ask him if he thinks he could not get up again, and then make him lie down and get up in your presence, lest you might furnish him with another abnormal fear. Go with him to street crossings, and gradually widen the interval between you, so that it will at last become apparent to him that your proximity is insufficient to give him any protection whatever, and that you have been at such distance from him for some time back. If he fails to notice this, when the interval has been made purposely very wide, call his attention to it. Use firmness, but do not get cross. If you can get a male nurse or attendant with sufficient intelligence to understand the matter, and enuf tact to carry it out, you will be relieved of much trouble.

He must be taught that every time he masters his fear he has made one positiv step on the road to recovery. A man who could give up the things you say he has given up can be cured, if he can be made to understand his condition and can be induced to co-operate with you.

This covers the ground thoroly, and you will get nothing further from any specialist. You can, of course, read up on the matter in modern textbooks on mental disease, and get amplification of the suggestions made above, but you have the gist of it now.—ED.]

Possible Gallstones.

EDITOR MEDICAL WORLD:—I appeal to you for help in making a diagnosis and suggesting treatment for myself, and hope you will give me the best you can.

In 1899 I began the practise of medicin and surgery in Southeast, Ark., at that time a country full of malaria. In 1906 I had malarial hematuria and for about a week not expected to live. But I got up and went to work and soon thereafter moved to Camden, Ark., which is near the line of Louisiana. I could not get well there, and moved up here in the mountains in June, 1910.

The history of the case is about as follows: I was born in Arkansas. Family history good. I am now 43 years of age, have been subject to malarial diseases and slight muscular rheumatism all my life. About six years ago the trouble I now have began with a severe pain in my right side over my liver, followed in a day or two by chill and fever. I was in bed three or four days and then up and at work again, pain in right side never quitting long at a time. For two years following about every two months I would get slightly jaundiced, pain in my side got worse, stomach disturbed, swollen and tender; pain worse on eating; but no fever, and up practically all the time.

The whole year of 1910 I was almost an invalid. Constant pain in my right side and stomach, made worse on eating. No fever, no ascites. Liver enlarged a little. Stomach swollen, as also to a slight degree my face and hands. On account of the tenderness of my stomach and bowels I could not button my clothing. I suffered severely from toxemia. I could not stand the heat of the sun. It would make me faint and sick. My dreams were horrible. I dreaded to go to bed, night or day, and stayed up fully half of the time.

I was slightly jaundiced and when not taking medicin was constipated. My face would burn; my lips burn and blister and peal off. My breath was offensiv and I frequently got the taste of blood and salt. I broke out in hemorrhagic spots all over, but worse on my face and hands—looked like bruises.

After coming here I got gradually better and now for two years I am only bothered periodically, about every three months. The bruised-looking hemorrhagic spots have about quit coming, but my heart frequently bothers me by beating too heavily and strongly. Pain in side about half the time. Pain also lately in chest and shoulders. Stomach better, but still occasionally pains after eating, especially if I am bilious, as I call it. My spleen was never enlarged. My liver never contracted.

I need your help. Why this toxemia, and why these pains? Have I muscular rheumatism? A tropical liver? or what is my trouble?

My urin has been repeatedly examined: Sp. gr. from 1018 to 1024. No sugar. No albumin. My blood count is up to the standard. My feces examined three times by Arkansas State Board of Health; findings negativ. I have taken medicins galore, but nothing seems to do me much good except to very thoroly eliminate with calomel and salines, and that for days at a time.

Our altitude here is from 1,600 to 2,000 feet. We have very little malaria and I have lived here 3 years last June. Pellagra is getting common. I am sure I have not it. I abstain from eating meat, for it makes me worse, especially pork.

I lost from my work practically all of 1910, but before and since have not lost much time. The pain in side is a dull, constant ache, and when at my worst breathing is embarrassed. I live on a very plain diet, eat no acids, for they make stomach worse and give me rheumatism. I seemingly got over the hematuria and weigh 147 pounds, as much as ever in life.

Your diagnosis and treatment or any help from you or the family will be appreciated by me, an old subscriber. JNO. T. BOGARD.

Mena, Ark.

[It is possible, of course, that you have rheumatism: but we believe that your trouble is chiefly due to autotoxemia. Of course, any one knows that the malaria you suffered from was severe in type, and could not fail to do permanent damage, but we think you have recovered from that as well as any one could reasonably expect. We cannot be sure, nor could any one, whether or not you suffer from gallstone, without making an exploratory incision. We are convinced that this is indicated, however, and we will be aston-

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isht if no stones are found. We feel that you have permitted your ideas of the malarial influence to overshadow your diagnostic acumen, to the exclusion of any ideas not directly connected with such malaria or "liver."

Our suggestions are that you order 500 tablets of "veracolate" from the Marcy Company, Boston, Mass. They can be sent by mail, and will cost you $3. Take 1 tablet before meals and on retiring. If the bile can be liquefied and encouraged to flow regularly, these will do the work. At the same time, secure some papayans (Bell), and take three or four in a glass of *hot* water before each meal, and also two hours afterward. We think you will be promptly relieved of the symptoms of constipation and indigestion, if no gallstones are present. We consider that much of your discomfort is due to indigestion, and that probably part of the pain originates in the same cause. If the jaundice has been catarrhal and a consequence of the malaria, improvement in digestion will probably banish it.

If the medication suggested should fail to relieve, we earnestly advise exploratory incision, for purposes of complete diagnosis of the conditions about liver and gall bladder.

If improved in other ways, but the suspicion of rheumatism remains, we suggest a long course of tincture of colchicum seed, taken to the full physiologic dose, or a course of injections of phylacogen. The latter has a long series of reported successes, in fact, a much higher proportion of satisfactory results than has ever been obtained by any medication by the mouth. Without question, too, a course at Hot Springs would do you great good, whether the rheumatic or hepatic element be chief in etiology.

We suggest your getting Rolleston's "Diseases of the Liver, Gall Bladder, and Bile Ducts," publisht by W. B. Saunders Company, Philadelphia, Pa., at $6.

Another medicament you might take into consideration, or make trial of, with considerable promise of benefit, is the culture of the bacillus Bulgaricus, developing lactic acid, and combating bacterial action in the gastro-intestinal tract.

Take 5 to 8 grains of veronal on retiring to stop the dreaming.

All of these suggestions are deemed worthy of trial, but we are convinced that failure to secure prompt and decisiv beneficial results should be taken as a positiv indication for exploratory incision.—ED.]

Treatment of Severe, Persistent Headache.

EDITOR MEDICAL WORLD:—Can you help me with this case? Patient, a woman, who has been suffering from headaches for the last fifteen years. She had them badly as a young girl. Then they stopt for a number of years, only having one occasionally. She was treated by the best doctors in both London, Eng., and Dublin, Ireland. Has had her eyes tested and glasses changed everywhere, the last time by a well-known oculist in Jacksonville, Fla., but she has had no real help or cure from anyone.

Her head begins to ache in the afternoon, hurting worse on the forehead and top of head. Unable to shake head, and even walking jars her. She eats nothing, only cup of tea for supper. Sleeps very little—that night—and is probably worse next morning. The pain gets less about 11 a. m., and tho head is sore, all pain has left in afternoon. She takes potassium bromid sometimes if unable to sleep. Sometimes aspirin, gr. v; always a cascara tablet, gr. v.

She is normal in every way and has never had any bad illness but grip a few times.

Is there any medicin that would help? She lives too far from any town to take any regular treatment.

We would both be very much obliged if you could and would help. M.

Ala.

[It is not an easy problem that you have given us. In January, 1914, WORLD, page 31, we described a case of a woman who had had persistent intense headache for three months. In this case we found three tender spots on each side of the spine beside the cervical vertebra. These were found by deep pressure with the fingertips. This woman was cured of her headache by the use of a mechanical vibrator and without taking any medicin. She had previously taken various kinds of medicin for her headache and had had her eyes tested and glasses changed frequently. She experienced relief within thirty-six hours after the first treatment by means of the vibrator. Should your patient have similar sore spots at the exits of the spinal nerves, vibration would probably cure her.

In other instances we have found patients with headaches like you describe due entirely to loss of sleep or dreaming continually. Most patients declare they sleep well, but if you ask them if they dream they will say they dream all night. In these circumstances the brain does not rest at night and is consequently fatigued when morning arrives. Sooner or later the headaches supervene.

For these conditions we find it necessary to produce sleep. Bromids and chloral are damaging and dangerous for continued use. We prefer veronal or malonyl in 5 to 8-grain doses. We do not know of this quantity producing any harmful effect. We did have a case of malonyl poisoning when a young woman took six or eight capsules each containing 8 grains of malonyl.

We have found that sometimes a patient will sleep soundly during the fore part of the night, but toward morning will dream a great deal, with the result that on awakening he will be extremely fatigued. In these cases we prescribe the remedy in a salol-coated capsule. The salol prevents the dissolution of the capsule in the acid gastric juice. Hence it passes untoucht into the intestin. Thus about four hours' time elapses from taking the capsule until it begins to dissolve in the intestin. Consequently its action on the nervous centers is delayed until then. By this means we have been enabled to produce sound sleep in some who were troubled with dreaming in the early morning hours.

After your patient is sleeping soundly, if the headache is due to loss of sleep, the latter should disappear. Bear in mind, however, that hypnotics themselves may produce headaches, not only when taken in overdoses, but when too long continued, too frequently taken, or even a single average dose may cause headache. This subject is a very intricate one and requires much care in handling.

The headache due to hypnotics is a depressant one and requires nerve stimulation for its cure. A cup of coffee in the morning we have found to suffice usually, altho sometimes we have been

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required to administer an acetanilid or a phenacetin tablet also.

It might seem that it would be a good plan to administer hypnotics for sleep, in very large doses, if necessary, and then overcome the effects of these drugs by the use of nerve stimulants after awaking. This we have not found to work out satisfactorily, as it upset the nervous system badly.

Acetanilid produces headache in the back of the head—the region of the medulla oblongata. For this headache we give a physiologic antagonist, caffein, either as a cup of coffee or in 1-grain tablets.

Some headaches—usually different from those of your patient, however—are due to autointoxication from absorption of fecal toxins from the bowel. In this connection read our editorial on "Chronic Intestinal Stasis" in this issue.

Let us hear how this patient makes out under this treatment.—ED.]

Abderhalden Test for and Early Diagnosis of Pregnancy.

EDITOR MEDICAL WORLD:—Find inclosed check for $3 for four years. I wish you would describe the Abderhalden test for pregnancy, and please cite other tests that you deem of importance in the early diagnosis of pregnancy.

Tappahannock, Va. P. G. DABNEY.

[The Abderhalden test for pregnancy is described in the May, 1913, WORLD, page 215. Signs and symptoms for the early diagnosis of pregnancy were described in July, 1913, WORLD, page 299.—ED.]

Persistent Tapeworm.

EDITOR MEDICAL WORLD:—Will you tell me *how to remove* the head of a tenia soleum? This is the history of my case:

Mrs. H., about 28 years of age, came to my office, stating she had expectorated blood, but had no pains in any parts of the body. After an exhaustiv physical examination I askt, "Did you ever pass any worms?"

"Oh! yes," she replied. "I have been passing *little* white worms for eight or nine years. They do not bother me much, but they pass during sleep and I find them in the bed."

"Well!" I said, "you save as many as you can and bring them to me in a bottle."

In about a week the husband brought an ounce bottle *full* of her *"little white worms."* Microscopic examination showed conclusivly the segments of a tenia soleum! I at once ordered oleoresin of male fern, and after preparing her by fasting an a *purge* administered the oleoresin, when 16 feet of tenia soleum rewarded me for my work. Microscopic examination failing to discover the *little red head,* I told her to wait and if in eight or ten weeks no segments passed she had no worm and the head had escaped our inspection.

Well! In eight weeks the husband made his appearance with some more segments! I again prepared and administered the oleoresin and was again rewarded with 12 feet of worm, making 28 feet and perhaps a little more, as some of the segments were lost. Again, *the microscope* failed to reveal the head! Now, what shall I administer if after a lapse of eight or ten weeks, *more worms show up?* I insisted upon the patient taking another dose of oleoresin, two days after the last worm had passed, thinking that if the head was still imbedded that would be the best time "to make him get," but she said she believed the *head had passed, as she saw a little black-looking thing* just after the last segments had passed, and refused to take another *dose now,* but said she would in eight weeks if any more segments passed.

Now, Doctor, let us presume *they do pass again.* What would you suggest? The oleoresin surely acts forcibly upon the worm, but if after two trials it has *apparently* failed to bring the head, how shall we reach it and remove it? For you know, as long as the *little* devilish pin-headed thing remains in intestins, so long will it remake itself. Well! did you ever hear or know of a case of that duration in the intestins? *Nine years* she positivly states the segments have been passing per anus! And all these years her health has been fairly good, has married and has two healthy children. If oleoresin brings 16 feet at one time and over 12 feet at another and "no head," as revealed by microscope, would you advise the repetition of the extract of male fern, or would you suggest something else, and if so, what?

Do you believe the worm is a destroyer? I mean does the worm act as a poison and keep the body in bad shape? This woman had no prominent symptoms and as I could not diagnose the case, I concluded it might be a tapeworm, and when she told me about the little white worms passing for nine years, while I was thunderstruck as to the time, I was convinced my diagnosis *by exclusion* was right, viz., tapeworm.

Tell me what you would do to get rid of this unpleasant companion whose habitat *for nine years would apparently give it the right of possession* nolens volens, on the part of the patient

Fruitland, Md. JOSEPH S. BALDWIN.

[The oleoresin of male fern is the best remedy for tapeworm. After fasting and cleaning out the bowel give the oleoresin in divided doses. Thus the action lasts a longer time. Then a rapidly acting purge must be administered. Three minims of croton oil would answer. The worm must be gotten out quickly before the head recovers from the stupefaction engendered by the oleoresin. Removal might be aided by enemas. You have done well. Perhaps some of the family have had similar experiences and will write to us or to you about it.

The main effect of the tapeworm is depriving its host of the benefit of the food he ingests. Anemia may result therefrom. We have not heard of such a lengthy duration, but it is easily possible. Brooks ("General and Special Pathology") says they may exist in the host five or six years.—ED.]

Bust Developing.

EDITOR MEDICAL WORLD:—I herewith inclose check for $1 for WORLD for 1914. I also inclose some literature handed me by a lady friend, asking my opinion about it.

Is there anything in what this woman claims to do? The lady who gave this to me is very anxious to have her busts developt. Is there anything that can be done to help her?

Greensburg, Ky. D. G. SKAGGS.

[The circulars inclosed were from "Eloise Ray," probably a mythical person. According to infor-

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mation we have received from the American Medical Association, the "Eloise Ray Bust Developer concern seems to be operated by one C. E. Zimmerman, who was also president of the Della Carson concern, which is referred to in 'Nostrums and Quackery' under the Marjorie Hamilton fraud." It is not at all likely to be of any value for the purpose desired. Read "Bust Growers for the Ladies," May, 1912, WORLD, page 212.—ED.]

Chills.

EDITOR MEDICAL WORLD:—I would like an article on chills. I know the chills of pus foci are recognized and that other chills may have different causes which I do not know so well.

Roswell, S. D. C. B. KENTON.

[Read our article and the symposium on chills in the "Original Communications" in this issue. —ED.]

Information on Gallstones.

EDITOR MEDICAL WORLD:—When you find an opportune time please write an article on gallstone trouble. A. D. SPENCE.

Bethel, Ohio.

[You do not specify any particular line of gallstone trouble you wish us to consider, and the modern developments have made the field a vast one—much too wide for us to take it up in detail in any one issue of THE WORLD. We think you will be much better satisfied, and will gain a more practical working knowledge of details, by purchasing "Diseases of the Liver, Gall Bladder, and Bile Ducts," by Dr. H. D. Rolleston, publisht by W. B. Saunders Company, Philadelphia, Pa., at $6. It contains 771 pages, and judiciously considers every phase of the subject.—ED.]

Pain in the Back.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD ever since I have been in the practise of medicin and I am going to appeal to you for some help in the following case, which I have in my care:

Mr. J. T. H., age, 46; weight, about 150 pounds; height, 5 feet 8 inches; complexion, dark; married; farmer; family history good. About five or six years ago had a very severe attack of grip. A few months after this attack had some trouble in left side in region of spleen. Was treated by another doctor for inflammation of spleen. This trouble got better; that is, the severe pain subsided after a few days' treatment, but was not entirely relieved. Short time after he had another spell and has never gotten permanent relief from it. Don't know what line of treatment was followed by doctor who had charge of this case at this time.

About three years ago, while ditching, patient became worse. Severe pain at origin of spinal nerves on left side of spine in lumbar region. Pain also in region of spleen.

Patient came to me for treatment. I at first treated him for rheumatism, with some improvement, but not permanent. He then passed to another doctor, who treated him with electricity, massage, etc., using galvanic current.

Last week in September, 1912, became very much worse. I was called to see him. Found him suffering very, very severe pain in left lumbar region. This pain was of a cramping, tearing nature. No temperature; pulse, 80; tongue coated very heavily, yellow or brown in color; bowels constipated; kidneys sluggish. These symptoms have all given way except heavy aching in left side at origin of nerves. I have failed to say that after severe pain subsided he had partial loss of motion in his legs, and has at this time a drawing or oversensitivness in legs and hips, worse after a good night's sleep. I have been treating him for neuritis. Have been giving the "tissue phosfates, tonics," etc. Any help in this case in anyway will be very much appreciated. E. H. WEST, M.D.

Meadow Creek, Ky.

[Definit diagnoses of splenic maladies are always difficult, if not positivly impossible, even at the hands of experts. However, *absence of pain* is one of the chief characteristics; and another is the frequent complications of hepatic and cardiac trouble. In all of them there is a progressiv sense of languor and weakness, with a dragging sensation in the upper abdomen, dyspeptic symptoms, etc., incompatible with such heavy manual labor as "ditching." We fail to note anything in your communication that would rouse the suspicion of splenitis, except the diagnosis of the former attending physician, and one should always make it a rule that no previous diagnosis should be allowed to influence judgment. We think the region affected by pain would suggest other things than the spleen, most probably rheumatism. We cannot make a diagnosis from your description, and doubt if a positiv diagnosis can be made even by personal examination.

We suggest rheumatic medication. Phylacogen injections give the best promise at the present time. If he demurs, put him on full physiologic doses of tincture of colchicum seed, and keep it up for several weeks. It will be necessary to control constipation and combat indigestion. Insist upon the free ingestion of water, and elimination of meats and excessiv quantities of sugar from the diet.

Examin his back for painful points at the exits of spinal nerves. Should you find such and they do not yield to your treatment, refer him to a physician capable of using the static wave current (see our editorial in this issue).

Quite possibly some of the family will wish to make some helpful suggestions on this case. —ED.]

Remedy Wanted for Frequently Dislocating Jaw.

EDITOR MEDICAL WORLD:—I have under my care a young lady of 20 years, who is well nourisht and seems in the pink of health. Only trouble is that when she opens her mouth wide in singing or yawning the jaw slips forward and flies back with a click, one side little more than the other. Never has been completely out of place. I have advised the moderate use of chewing gum and massage, also prevent mouth from opening wide enuf to cause slipping. I am very anxious to cure this case, and if you or any brother can recommend something better or have had such a case I would be pleased to know results.

Pleasanton, Kan. G. A. PAIGE, M.D.

[We fear you will derive little, if any, benefit from massage and exercise of the masticatory muscles, since the trouble is due to lack of tone

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in the fibro-cartilaginous attachments of the pterygoid muscles, with possibly involvement of the temporal. Our only, and too frequent similar experience, has been with cases which manifest complete dislocation following any pronounced yawn or hearty laughter. We have never been able to benefit any of these patients in any way.

We are printing your letter in the hope that the unfortunate plight of your young patient may appeal to the gallantry of some of the youthful and imaginativ members of the family, in such manner as to bring forth some suggestions for trial. As for ourselves, we freely confess both our inability to aid and our lack of confidence in the prospects of improvement.—ED.]

Diabetes Mellitus.

EDITOR MEDICAL WORLD:—Please let me know your best treatment for diabetes mellitus. Some treatment already used without much success.

DR. C. ETHIER, SR.
45 King St., Sherbrooke, Que., Canada.

[Read the article on this subject in July, 1913, WORLD, pages 271 and 272. You should also acquaint yourself with the latest literature on the subject.—ED.]

Spondylotherapy.

EDITOR MEDICAL WORLD:—Can you give us a good article on spondylotherapy and the technic? I have read articles in the last January and issues in fall of 1913. W. D. VEDDER.
Wellsboro, Pa.

[The subject is too large for an article. It would take a book to present it thoroly. In fact, the originator, Dr. Albert Abrams, has written two books on the subject. To learn spondylotherapy we think you should get those books. See reviews in September, 1913, WORLD, page 393, and June, 1912, page 262. We have printed a great many articles and excerpts on the subject in past issues.—ED.]

Cerebral Hemorrhage After Train Wreck.

DEAR DOCTOR TAYLOR:—I write you for information concerning a lawsuit, as I am a witness in the case.

Old soldier going to the reunion at Macon, Ga., about 2 years ago. He got in a wreck at Hattiesburg, Miss., and lay in a sanatorium 2 or 3 weeks and came home, and 57 days after the hurt he had hemorrhage of the brain, and was the cause of his death.

Did the hurt cause the hemorrhage or something else? I have searcht all of my books and do not find much concerning the length of time. After this man came home he did not seem just right in his mind, complained of headache most all the time. Now, the question with us is, can we say that the blow caused it, or something else? The worst bruises he got were on the head and face. F. R. ROACH.
Queen City, Texas.

[There would probably be no trouble in recovering from the railroad company for damages, loss of time, permanent impairment of health, suffering, and cost of sanatorium treatment. The sum should be fixt high enuf to cover all damages. The attorneys will generally make it high enuf to allow for liberal scaling down by the jury, and still leave ample remuneration if suit is successful.

You cannot prove that the death 57 days following injury was caused by the injury sustained at the time of wreck. You might prove (?) it to the satisfaction of the jury, but the railroad company will certainly meet you with testimony by medical men that it is impossible to assign the demise from cerebral hemorrhage to injury sustained in the wreck. His age, and many other circumstances, may conspire to defeat the suit so based, because cerebral hemorrhage is common in old men who have never sustained an injury in a wreck or in any other manner.—ED.]

Rectal Fistula.

EDITOR MEDICAL WORLD:—I have a case that I am very much interested in, that has baffled my skill in treating it with any degree of success. I write to ask you to please give me the best treatment for the ailment at your command.

Man, 24 years old, single, his last work was running on the train, was exposed to sudden changes of the weather during the time. In June, 1913, what we suppose was a rectal abscess formed on the left side of anus. When lanced it ran freely, and then was washt out with antiseptic solutions, and mopt out with tincture of iodin, since which time a fistula has developt. We have been treating it with bismuth paste, warming it and injecting it into the sinuses thru a glass syringe, which does not seem to have done much good. Please help us out on this case.

Thanking you in advance for your help in assisting me. H. H. DAVIS, M.D.
Louisville, Miss.

[Your patient will require a surgical operation to remove the fistula. These operations are described in books on diseases of the rectum, surgery, encyclopedias, etc. Send him to a surgeon if you do not do surgery.—ED.]

Manine.

EDITOR MEDICAL WORLD:—What is there to the Manine Med. Co., of St. Louis? They claim to cure the drug habit (or disease) with their preparation called "manine." What is it composed of?

Many well wishes for THE WORLD and its many readers. I could not do without it. I inclose check for $2 and ask you to send the good old journal on. J. M. RIVERS.

EDITOR MEDICAL WORLD:—What do you think of the inclosed letter? As you are a great exposer of frauds, I wish you to pass on this. Can publish it in your journal, or do as you see best.

Dover, Tenn. H. L. DAVENPORT, M.D.

[The inclosure was the literature of the Manine Co. We do not know the composition of this remedy. As a secret remedy it should not be used.—ED.]

EDITOR MEDICAL WORLD:—Inclosed please find subscription for MEDICAL WORLD. I can't get along without it. I get more genuine pleasure from reading it than all my other journals. THE WORLD not only keeps the doctor posted and abreast of the times, but it has saved me lots of money in telling me how to shun the stock seller. I honestly think this is the best education the physician ever had, because he is easy and the sharks all know it. You are doing us a great favor in your exposure of such get-rich-quick concerns. With best wishes for THE WORLD, I am, yours very truly, J. H. EVANS,
President Texas State Board of Medical Examiners.
Palestine, Texas.

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MEDICAL FRAUDS

Deafness and Consumption Fakes.

The American Medical Association is very activ in exposing fakes, fakers and quacks. It publishes numerous books and pamphlets giving full exposures. Among the latest is one entitled "Deafness Cure Fakes," exposing the methods and people concerned in that branch of quackery. Another very timely publication is "Consumption Cure Fakes," which describes a great many of these frauds. Physicians should have copies of these pamphlets on their waiting-room tables, so that their patients could learn about these fakers while awaiting their doctor's attention. They will be sent for ten cents each by the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

Hernia Cured by Mail.

EDITOR MEDICAL WORLD:—I have a friend who has double hernia. Capt. W. A. Collings, of Watertown, N. Y., is writing him, and proposing to cure him by sending a truss; also by applying a certain fluid of his own patent. Now, I believe he is a fake. Will you look him up? He is posing as an old sea captain and cured himself of a long-standing case of double hernia.

Pelham, Tenn. L. A. CARDEN.

[We do not know anything about this particular hernia curer, but we have frequently heard of similar trusses and fluids to rub on, which were called "sure cures." Needless to say, they did no such thing. A retired sea captain is hardly fitted to cure people of hernia.

A hernia is a rupture of tissue and only a surgical operation will cause it to close. You should supply him with a properly fitting truss. This will support the hernia. If you are not familiar with the treatment of hernia by trusses, get DeGarmo's book on "Mechanical Treatment of Abdominal Hernia," reviewed in November, 1913, WORLD, page 477. This is a very thoro exposition of the subject and fully illustrated. You can learn to handle these cases from this book.—ED.]

Boro-Pheno-Form Cones.

EDITOR MEDICAL WORLD:—Will you please tell me, if possible, what Dr. Pierre's "boro-phenoform antiseptic cones," made by Dr. Pierre Chemical Co., 162 Dearborn Street, Chicago, are composed of? J. R. ASH, M.D.

Brighton, Ill.

[We seem to have no information in our office regarding the composition of "boro-pheno-form antiseptic cones," put out by the Dr. Pierre Chemical Company. The American Medical Association writes us that the advertising matter they have on file professes to give a formula, as follows:

Boro-phenol-formaldehyde comp.	gr. 4
Zinc sulph.	gr. 1/10
Ol. theob.	q. s. gr. 23

Ft. suppos. No. 1.

This nostrum seems to be sold largely in connection with a so-called "pheno-self-dilating syringe."

The Association has in its files a clipping from the *Chicago Inter-Ocean*, dated November 13, 1913, which states that the proprietors of this concern were arrested and fined for sending prohibited drugs thru the mails. This was a Government prosecution and part of a crusade against the so-called "race suicide" doctors and companies.

Formula for August Flower.

EDITOR MEDICAL WORLD:—I see in your journal of February, page 75, that Brother Hedrick wants formula for Green's "August flower." "Secret Nostrums and Systems" gives it as follows:

℞ Rhubarb	360 grains
Goldenseal	90 grains
Cape aloes	16 grains
Peppermint leaves	120 grains
Carb. of potassium	120 grains
Capsicum	5 grains
Sugar	5 ounces
Alcohol	3 ounces
Water	10 ounces
Ess. peppermint	20 minims

Powder the drugs and macerate with the mixt alcohol and water for seven days. Filter and add enuf diluted alcohol to make the product measure one pint. DR. MELTON.

North Terre Haute, Ind.

Stedman's Teething Powders.—Steedman's Soothing Powders.

EDITOR MEDICAL WORLD:—Inclosed is $1.25. Am not sure just what date my year begins, but you doubtless know.

In your next issue would you tell me the ingredients of "Stedman's Teething Powders"?

Vonda, Sask., Can. W. MACKAY.

[The American Medical Association kindly sends us the following information:

Stedman's Teething Powders.

Stedman's teething powders were analyzed by the chemists of the British Medical Association, who reported as follows:

The average weight of one powder was 2.4 grains; twelve powders weighed singly had weights varying from 2.25 to 2.6 grains. Analysis showed the powder to be composed of:

Calomel	29%
Sugar of milk	71%

A trace of alkaloid was present also, and when extracted from the material of a large number of powders, was found to amount to only 0.016%, or 1/2500 grain in one powder. This trace of alkaloid did not show the behavior of morphin, and did not give any reactions characteristic of any of the ordinary alkaloids so far as it was possible to test for them on the minute amount available.

Both "Steedman's soothing powders" and "Stedman's teething powders" are put out by British concerns and have been analyzed by the chemists of the British Medical Association. Their composition is essentially the same. Here is what "Secret Remedies" says about Steedman's soothing powders:

The average weight of one powder was 2.8 grains; twelve powders weighed singly had weights varying from 1.9 to 4.5 grains. Analysis showed the powder to consist of:

Calomel	27%
Sugar	22%
Maize starch	50.5%
Ash	0.5%

A minute trace of alkaloid appeared to be present; the quantity was considerably less than in the Stedman's powders described above, and so small, in fact, as hardly to give positiv evidence of its alkaloidal nature.

The estimated cost of the ingredients of Steedman's powders in a 2s. 9d. packet is one-eighth of a penny.

The latter sum (⅛ penny) is equal to ¼ cent. —ED.]

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AUTOMOBILE TALK.

The upkeep of an automobile is an item that must be taken into consideration before purchasing a car. This item varies with the different makes of cars, and even with individual cars of the same make. Dr. Gullefer's experience (February WORLD, page 76) is rather exceptional, we feel safe in saying, for we believe the average cost per mile for most cars will be above 2 cents. We know it to run up as high as 7 cents per mile with some cars.

To the uninitiated the question arises: What makes this high cost? We will enumerate some of the items of expense: Fuel (gasoline), oil, grease, tires, breaking of parts, wearing of parts, loss of parts (screws, nuts, etc., coming loose), accidents. There are also depreciation and interest on investment.

One of our readers sends us the following caustic account of his expense bill:

EDITOR MEDICAL WORLD:—After two seasons' experience with a 20 h. p. Hupp runabout (factory No. 11969), I have found the glass wind-shield to be about the strongest feature of the car.

Upon examination of the following list you will understand the reason for this statement:

Transmission case, broken.
Gasoline tank, straps snapt off; also leaks.
Radiator, leaks badly.
Both front springs broke.
Rear spring, flattened out. Replaced, and new spring broke.
Steering rod (sliding), broke twice.
Key seats in rear axle worn (both keys broke).
Rear axle replaced.
Stay rods of unequal length.
Stay rod broke twice.
Exhaust pipe not properly attacht to engine, would fall out of place.
Poppet valve in engine persisted in becoming loose, even after repairs at Hupp garage in Halifax.
Upholstery very poor. Yours truly,
Berwick, N. S. W. T. M. MACKINNON, M.D.

Yet we know some physicians who think the Hupmobile a good car.

Some time ago we received inquiries about the Ford car. One writer stated that he was told the latter car had a weak rear axle, a garage man having said that four such cars had to be towed into his town because the rear axle (which drives the car) had broken. We know of two such broken axles in Philadelphia.

The Ford cars, we understand, are not all made in one factory, some of the work being done by contract elsewhere. Consequently varying qualities of material are likely to be used.

We have heard of an owner of a Chalmers car, who finally sold it because he could not take it out without a heavy expense for repairs, sometimes amounting to $80 after one short ride.

However, everybody who owns an automobile is a mark for all who have dealings with him, for they overcharge him excessivly.

* * *

We have received the following inquiry:

EDITOR MEDICAL WORLD:—I would like to ask, thru your valuable journal, if any of the family has had experience with the "Metz" car, of Waltham, Mass.? They claim to make a car especially for physicians. I think the price ($475) reasonable if the car will do all it is said to do. A. E. WEST, M.D.
Nandua, Va.

Yes, one of the family has had experience and he wrote to us about it. It was not satisfactory. He will probably write to you after he reads this.

* * *

The following on the subject of lamps will interest our readers:

EDITOR MEDICAL WORLD:—Since most of us are using automobiles in our out-door practise, we have learned that it is much more agreeable to have a good light on a dark night than it is to go blundering in the dark over bad roads. The danger is indeed very great when you go out over a country road that you are not thoroly acquainted with when the night is so dark you could not see a white object six inches from your eyes and your horse either a careless one or else continually shying—maybe both.

Eight months in the year I use a good automobile, and a one-horse buggy the remainder of the time. My buggy is fitted up with a C. presto-lite tank and a motorcycle gas lamp on either side of the dash. The tank can be placed in the back of the buggy or under the seat and connected with the lamps with rubber tubing. Try it, doctor, and you will never go without your lights again. J. L. EDWARDS.

* * *

Perhaps you will be so disheartened about running an automobile that you will dismiss it from your mind. An automobile is a big expense and causes its owner much vexation. We feel we can truthfully say *there is no automobile you can swear by half as much as you can swear at.*

Gasoline from Natural Gas.

A subscriber wrote us a note recommending gasoline made from natural gas, and as we had never heard of such, we askt how it was made, etc. The following is his reply:

EDITOR MEDICAL WORLD:—Replying to your inquiry regarding gasoline made from natural gas, will say that I wrote to Kapp Bros. & Beary, of Tidioute, from whom I purchase my gasoline, requesting that your questions be answered, but for some unknown reason they did not reply.

My knowledge of the subject is very meager, but I have been informed that the gasoline is condenst from the gas by the application of cold and pressure as it issues from the well.

The existence of this kind of gasoline is well known here in western Pennsylvania, and as it is a few cents cheaper than distilled gasoline, dealers are often accused of substituting it for the ordinary article.

It is supposed to be more dangerous than the distilled article because of its greater volatility; and doubtless is if carelessly handled. For this reason I use it only in the colder months of the year. However, for cold weather it is the motor fuel *par excellence.*

For the past four years I have driven a Maxwell Q machine, and until last winter suffered the usual annoyances from ignition in cold weather; especially in starting the motor, and misfiring. Now, with the use of this gas gasoline, two or three lifts of the crank starts the motor humming on the coldest morning, and the motor runs all day as regularly as a clock without missing an explosion. It certainly is great stuff with my machine, and I could hardly do without it.

I am interested in the subject of its manufacture, and the insertion in THE MEDICAL WORLD of an inquiry relativ to the matter would probably bring the desired information from some subscriber.
Geneva, Pa. A. W. CLOUSE.

When the pressure and cold were withdrawn it seems like that the gas would rapidly volatilize, tho perhaps it is held in solution in a liquid, like ammonia, for instance. We would be glad to know more about it.—J. C. R.

The patient suffering from oxaluria should have a diet that is rich in phosfates, whole wheat bread, beef, eggs, calf and sheep brains. Alcohol should be avoided. Of the remedies, oxalic acid, nitromuriatic acid, berberis vulgaris and senna are those most frequently indicated.—Dr. A. L. Blackwood ("Diseases of the Kidneys and Nervous System").

EDITOR MEDICAL WORLD:—Send THE WORLD along. I have taken it many years, and if I should not order it and you don't hear from me, drop the postmaster a letter asking whether I am yet alive, as I don't expect to move soon. D. W. SHEELER, M.D.
Devon, Kan.

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CURRENT MEDICAL THOUGHT

Symposium on Syphilis.

Abortiv Treatment of Syphilis.

W. Lier reports that in twenty-seven cases of primary syphilis excision of the sclerosed tissue with combined mercury salvarsan injections gave good results, with permanent negativ Wassermann reactions. Seven cases gave a negativ result. The result in nine out of ten cases was also negativ where mercury alone was given for abortiv treatment.—*Deutsche Med. Wochen.*

Delayed Response to the Wassermann Test.

H. Gougerot reports cases in which the Wassermann became positiv only several months after syphilitic infection, the patients having meantime received activ mercurial treatment. He advises that in all genital lesions repeated dark-ground examinations be made, but that the diagnosis of syphilis be not wholly rejected if negativ results are obtained. Where the surgeon is in doubt prophylactic treatment should at once be begun, consisting of a series of twenty daily injections of soluble mercurial salts in each month for six successiv months, followed by the similar administration of pills for six months more. Meanwhile the Wassermann test should be repeated every month for six months, then in the ninth and fourteenth months. If delayed syphilis appears or there is merely a positiv Wassermann, systematic mercurial treatment for four years should be begun. If not, judgment should be suspended until the twelfth month. Beyond this time, any remaining doubt should not be allowed to interfere with marriage, altho, by way of precaution, the Wassermann should be repeated at the twenty-fourth, thirty-sixth and forty-eighth months.—*Lyon médical.*

Syphilis as Affecting the Health of the Community.

Carl H. Browning has collected and summarizes the results of investigations made by several observers indirectly under his supervision, on the prevalence of syphilis in many diverse conditions. The effort was made in each case to obtain complete results covering the clinical examination of the patient, the examination of the members of the patient's family, the history of the health of both the patient and his family, and the results of the Wassermann test on his blood and on the blood of the members of his family. It was not possible to obtain all of this information in every instance, but many control tests of the Wassermann reaction were made with blood from persons known to be free from syphilitic infection, and the results were invariably negativ, confirming the generally accepted belief in the specificity of this test. Therefore, this reaction has been mainly relied upon for positiv diagnosis. Inasmuch as there are cases, almost certainly syphilitic, which give a negativ reaction, it is probable that the figures are somewhat too low, altho the clinical evidence and the reaction given by members of the family serve, in great measure, to make up for this deficiency.

In 14% of 331 cases of children attending a general dispensary there was evidence of congenital syphilis. Among 204 cases of mental deficiency and epilepsy syphilitic infection was shown to have been associated with the conditions in 59%. Twenty-five cases of heart disease in children were examined and only 7 failed to give a positiv Wassermann test. More than 17% of 82 cases of deafness in children were associated with syphilitic infection. Thirty per cent. of 52 cases of ozena, 64% of 46 cases of suspected aortic aneurism, and 41% of 122 cases of nervous disease gave positiv evidence of syphilis. Interstitial keratitis was of syphilitic origin in 95% of 37 cases, and the disease was present in 54% of 22 cases of iritis. The disease is practically invariably present in association with cases of paroxysmal hémoglobinuria. Syphilis was present in 59% of 37 cases of metritis and uterin hemorrhage not associated with tumor, and in 46% of 39 miscellaneous gynecologic cases. One hundred and four prostitutes were examined and the Wassermann reaction was positiv in every case, tho half of the girls lived in the best residential quarters. Eighteen families of tramps, comprising 109 persons in all, were tested and showed a positiv reaction in each case.

From these results no conclusion can be drawn as to the precise prevalence of syphilis in the community, but it is evident that it is ubiquitous and that it causes an enormous tax on health and life. The prevention of the disease is a matter, Browning believes, which must be approacht by the widest possible public education in order to compel the recognition of the necessity of compulsory reporting of the disease.—*British Medical Journal.*

Venereal Diseases To-day.

J. E. R. McDonagh discusses the advances made during the past year in this line, one of the most important of which is, he thinks, the attempt by the lay press to remove the veil covering venereal diseases. Whether syphilis should be made notifiable or not, he holds that this will be useless unless medical men are better trained in venereal diseases than at present. There is nothing new to state about acute gonorrhea. Vaccines are sometimes good, but often have no value; the best form is the sensitized. In the treatment of soft sores caused by Ducrey's bacillus, operativ interference makes matters worse, and x-rays and radium are useless; but ionization may help, provided the wounds are drest with iodoform and camphor phenol, and increasing doses of iodids are given internally, which may bring about a cure without the ionization. He seriously questions whether spirocheta pallida is the sole cause of syphilis. "If we pause and ask ourselves: Why is the incubation period of syphilis so long? Why do not one or two injections of salvarsan cure every case? Why has no one ever seen spirocheta pallida divide? Then our faith begins to wane."—*Practitioner.*

Syphilis in Children.

Galliot cites statistics which show that 82.9% of the children died before or soon after birth when the mothers—217 in all—had florid syphilis and were given energetic mercurial treatment. In 291 other pregnant women whose syphilis was in a latent stage during the pregnancy and who took systematic mercurial treatment, 75.9% of the children were viable at birth; 91.72% were viable of the children of 145 women given salvarsan during pregnancy. Galliot ranks salvarsan above all other measures in treatment of syphilis in pregnant women. Given systematically, he says, it permits the hope of healthy offspring free from inherited taint, while its use seems free from danger for mother and child. But after the

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child is born, he continues, salvarsan gives slight if any benefit, while it is liable to prove directly harmful for the infant. Mercury is far superior to salvarsan in treatment of infants. Salvarsan comes into its own again, however, for older children. It seems to act rapidly and unfailingly on already developing lesions. It also seems to act effectually on syphilitic dystrophies, especially when combined with mercury.

The Wassermann test is not of much use in diagnosis of syphilis in children. The courses of treatment for children should be as long as for adults. He cites a number of authors who have reported excellent results from salvarsan in treatment of children with inherited syphilis, and adds five cases from his own experience. One of his patients was a girl of 10 with inherited taint manifested in a process in the right knee with ankylosis, slight albuminuria and keratitis with no apparent benefit from twenty-five injections of mercury. She was then given in the course of about two years 12 grains of salvarsan by intravenous injection, 15 grains intramuscular and 20 grains of neosalvarsan intramuscular. By the fourth injection the knee trouble began to improve, and finally the ankylosis retrogrest and the knee is now used normally; the eyes have been in good condition for over six months. In the second case the boy of 10 took a course of neosalvarsan to a total of 17 grains. When 8 grains had been reacht the ankylosis had entirely subsided, but the Wassermann was still positiv. By the end of the course all signs and symptoms had subsided.—*Archives de méd. des Enf.*

Relation of the Physician to Future Generations.

E. A. Rowland says that the duty of the practician of medicin is plain. By insistence upon required medical and surgical measures he may exert an influence which will affect thousands in the years to come. The greater proportion of criminals and the mentally deficient show evidence of hereditary syphilis and uncinariasis, the toxins from which affect the mental and moral attitude, as well as the physical condition. Also, the deficient oxidation caused by adenoids and hypertrophied tonsils and turbinates affects the brain and nervous tissues to the same degree that it does other structures, and, since brain and nerves are slowest in regaining normal tone, we may expect a permanent mental change which will make for mental deficiency and moral degeneracy. The great scope for improvement of the body, mind and morals of the race in the hands of the physician of to-day is really wonderful.—*Southern Med. Jour.*

Action of Acetic Acid on Syphilitic Blood Strains.

The purpose of the test described by Sorgatz and Bolend is to demonstrate what they believe to be a relativ increase of resistance of the red blood-cells of luetic individuals to hemolytic agents as compared with normal cells. For this purpose they use drops of suspected blood received on filter paper, controlled by normal specimens obtained at the same time and treated in an identical manner.

The reagents used are pure methyl alcohol for fixing the specimens and glacial acetic acid for demonstrating the hemolysis. The latter must be pure, freshly solidified by cold and diluted with freshly distilled water, the dilutions being six in number, namely, 1/5,000, 1/7,500, 1/10,000, 1/12,500, 1/15,000 and 1/20,000, respectivly. The blood is obtained preferably from the finger, as the flow can be more readily controlled. It is received on filter paper in drops not more than 3 mm. in diameter. The droplets are cut from the filter paper in such a manner as to show the drop in the center of a small square or oblong of the paper. This must be small enough to enter the test-tube readily. Six such specimens are obtained from each paper and dropt into the test-tubes by means of the forceps. The fingers must not touch the squares and the test-tubes must be clean and dry. The suspected specimens are placed in tubes 1, 3, 5, 7, 9 and 11 and the normal in 2, 4, 6, 8, 10 and 12. The dilutions are now placed in the tubes by means of the pipet, beginning with the highest dilution, 1/20,000, which is placed in tubes 11 and 12, a sufficient amount being used to immerse the papers and an equal number of drops in each tube. The 1/15,000 dilution is then placed in tubes 9 and 10, 1/12,500 in tubes 7 and 8, and so on, the original number of drops being adhered to and the pipet washt in distilled water and thoroly shaken out before the next is used. The tubes are then slightly agitated to dispose of air bubbles and the rack is placed in a good light to observe the reaction.

The drops of normal blood will begin to disappear almost at once in the stronger dilutions, while the suspected specimens, if positiv, will retain their color in a degree corresponding to the activity of the luetic condition. Strongly positiv specimens will not be acted on by even the 1/5,000 dilution, while weakly positiv ones will resist the 1/15,000 and perhaps the 1/12,500 dilutions, and so on thru the various gradations. The reaction should be kept under constant observation for twenty to thirty minutes and the rack should not be agitated, as the discoloration of the solutions by the hemoglobin is likely to cloud the appearance of the papers.

The authors state that the test should not be depended on in the absence of ample clinical evidence of syphilis or a careful Noguchi or Wassermann test.—*Medical Record.*

Slow Manifestations of Syphilis in Bones and Joints.

Axhausen describes some cases of both the more common gummatous form and of the diffuse affection extending thru a large extent of the bone and frequently mistaken for fibrous ostitis or sarcoma. In the case of a woman of 28 with syphilis acquired at 18 the arm was much swollen, the spindle-shaped enlargement involving the upper end of the ulna as well as nearly the whole of the humerus. This spread across the joint helpt to differentiate it from sarcoma, and a series of roentgenograms show the remarkable subsidence of the bone process under specific treatment until the normal outline had been regained thruout, except that the elbow has become stiff from connectiv-tissue ankylosis. Syphilitic processes in joints may develop with a sudden stormy onset; in some cases chronic polyarthritis may be the clinical picture. It is now the rule in his service to apply the Wassermann test in every case of chronic arthritis, and in a number of cases it explained why years of treatment for the supposed tuberculosis had failed to benefit; a course of treatment for syphilis soon resulted in a complete cure. One such patient was a woman of 29 who had worn a plaster cast for four months on account of a supposed tuberculous process in the right knee.

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The Wassermann reaction and the discovery of slight thickening of the front of both tibias corrected the diagnosis, and all symptoms subsided under treatment of the syphilis. Puncture and plaster casts had been applied to two children on the same erroneous diagnosis of tuberculosis of the knee and no benefit had resulted, but both children were soon cured by treatment for syphilis, instituted as soon as the Wassermann test had been applied and given a positiv result. In some, the healing was complete; in others there was evidence of rubbing in the joint, which suggests the possibility of trouble later.

An instructiv case is that of a boy of nearly 6 who had been treated for a year with plaster dressings on account of pain and swelling in the left knee; the joint became stiff and the pains and swelling persisted. After two years arthrectomy was done, and as the other knee was now painful and swollen, it was immobilized and iodoform-glycerin injected. This joint too became stiff. A year later both elbows and one ankle became swollen. He came into Axhausen's hands then with both knees stiff, both elbows much thickened and the Wassermann was positiv. Under treatment for syphilis all the swellings promptly retrogrest, and the elbows became normally and one knee partially movable. There seems little doubt that all the joint affections in this case had been the work of syphilis. On re-examination two weeks ago pain and stiffness in the cervical vertebrae suggested tuberculous spondylitis except that the child held its head as with torticollis. Treatment for syphilis was at once resumed and within the two weeks all these symptoms had disappeared, and with them the headaches.

Without proper treatment the joints are doomed to stiffen, while all trouble vanishes as if by magic under the proper measures. He does not give salvarsan to young children, but regards it as indispensable in treatment of older children and adults. Its value is shown particularly in the last case described; the patient was a man of 30 with syphilis acquired seven years before. The joints swelled, the tibias thickened and the pains were severe; in the course of years they became unbearable. He applied to Axhausen, begging to have both legs amputated, as he had been treated by numerous specialists and the condition was constantly growing worse. Salvarsan had just made its appearance at that time, and it transformed the patient so that in six weeks he left the hospital free from all symptoms and has had no return of any during the three years since.—*Berlin klin. Woch.*

Syphilis of the Rectum.

This condition, tho infrequently recognized, is far more common than supposed. It may be either inherited or acquired and may manifest itself in either primary, secondary or tertiary lesions. The chancre may occur about the anus, in the anal canal or in the rectum. (Frankenburger, *Interstate Med. Jour.*, November, 1913.) The finding of the spirocheta or a positiv Wassermann reaction clinches the diagnosis. The secondary symptoms follow a course similar to that appearing when the chancre occurs in any other part of the body.

Hereditary syphilis finds expression about the rectum usually as a secondary lesion in the form of an erythema around the anus with numerous small fissures. In acquired syphilitic conditions, secondary lesions occur in the anus as on oth mucous membranes. Condylomata are comm and should be removed with scissors or cauter Gummata of the anus are rare, but are more co mon in the rectum. They occur as localize smooth, round, painless deposits in the su mucous tissues. They respond very readily antisyphilitic treatment. The most common the tertiary lesions are proliferating proctit ulcerations and strictures. The treatment is efficacious as is antisyphilitic treatment in a other part of the body, except when strictur have formed. These are most resistant to tre ment of all kinds and the possibility of th occurrence should always be borne in mind in t treatment of rectal ulcerations, particularly those cases giving a history of syphilis.—*Medi Review of Reviews.*

Parasyphilis of Nervous System.

Parasyphilis of the nervous system is loo on by the authors as being a purely clinical co ception. It is a diseased state which may aff any part of the brain or spinal cord; the ma festations of tabes dorsalis and dementia para tica can only be erected into two clinical divisio by an arbitrary selection of signs and sympto Some forms of progressiv muscular atrop lateral and combined sclerosis, primary op atrophy and periodic epileptiform attacks may equally definit manifestations of parasyphi Parasyphilis is slightly, if at all, amenable to an syphilitic treatment with compounds of arse and mercury, probably because these bodies not enter the essential structures of the centr nervous system. Parasyphilitic states are pecu liarly liable to arise after mild syphilitic infection.

Sixty per cent. of cases of tabes dorsalis hav suffered from at most a primary sore, and i many instances the whole course of the initia infection was run under cover of a gonorrhea. In dementia paralytica and in activ, untreated cases of tabes dorsalis and taboparesis, the cerebrospinal fluid yields a positiv Wassermann reaction, often of great strength. With acute or chronic syphilis of the nervous system, other than parasyphilis, the behavior of the cerebrospinal fluid depends on the extent to which the spinal cord and its membranes, including those of the brain-stem, are affected. Thus, most cases of meningomyelitis show a strong positiv reaction in the cerebrospinal fluid, while cerebral lesions tend to give a weakly positiv or even a negativ reaction. Antisyphilitic treatment has a profound effect on the positiv reaction in syphilitic meningomyelitis, and the cerebrospinal fluid may give a negativ reaction after a few months. But in cases of parasyphilis no obvious change occurs in consequence of such treatment, within any comparable period.

The authors believe further that all tertiary and "parasyphilitic" manifestations are expressions of the reaction of hypersensitized tissues ("hyperallergie"). That is to say, during the previous stages of infection the tissues have been so altered that they react more violently to a smaller dose of the spirochetes or its toxins. Gummatosis is the reaction of hypersensitized connectiv tissues and blood vessels, while "parasyphilis" is a hyperallergic reaction of the essential nerve elements and neuroglia. The consequences of this hyperallergic reaction in the tissues of the central nervous system is death of any set of fibers or cells which happens to be attackt and prolifera-

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tiv reaction on the part of the neuroglia within the same territory. Thus, the clinical manifestations of "parasyphilis" are an expression of the reaction and necrosis of hypersensitized areas of the nervous system, evoked by reappearance of the spirocheta pallida. This sypersensitiv ("hyperallergic") state of the tissues of the central nervous system is produced, in all probability, by the passage of the spirochetes or their toxins up the nerves from the skin and mucous membranes during the secondary period. But it is also conceivable that it may be due to a slight "encephalitis" during this stage of infection.

The headache and lassitude, unaccompanied by any gross nervous lesions, which so frequently occur during the secondary stage, possibly represent clinically the period during which sensitization occurs. Thus, parasyphilis is a clinical conception which comprises the manifestations of a series of diseased states. From the pathologic point of view the term is inadmissible. These states depend on the reaction of hypersensitized tissues to the spirochete or its toxins, and this reaction is as truly syphilitic as the production of gummata. The difference between the consequences of the tertiary and of the "parasyphilitic" process lies in the nature of the tissues participating in the reaction. In the one case the connectiv tissue is capable of repair and the focus is readily reacht by the remedial agents. In the case of "parasyphilis" reaction of the essential nerve-elements leads to their death and antisyphilitic remedies cannot readily reach the spirochetes.—*Brain.*

Dieting in Psoriasis.

While the clinical features of psoriasis have long been familiar, the etiologic factors of this not uncommon and often unyielding disease have up to the present eluded detection. With a view of shedding some light upon the nature and treatment of psoriasis Schamberg, Kolmer, Ringer and Raiziss* undertook an elaborate and extensiv research upon the subject, the results of which have recently been publisht. A Wassermann reaction was obtained in a considerable number of the forty-eight cases studied, but this could not, from the clinical standpoint, be attributed to syphilis in every instance. Many different micro-organisms were obtained on cultivation from the skin and the blood, but none could be decided upon as possessing etiologic significance.

The most striking result of the investigation was the discovery that patients suffering from psoriasis exhibit an extraordinary tendency to store nitrogen, the amount of nitrogen retained being proportional, in a general way, to the extent and severity of the cutaneous lesions and greater than has been observed in connection with any other condition, and the amount eliminated in the urin being much less than that eliminated by a normal individual on a corresponding diet. Experimental observation showed that the nitrogen-retention could not be attributed to any disturbance in the eliminativ function of the kidneys. Large amounts of nitrogen were given off in the exfoliated scales, but there was no relation between the degree of retention and the amount of desquamation. It was found, as a matter of practical therapeutic value, that a low protein diet exercises a most favorable influence on the course of the disease, while a high protein diet aggravates the condition.—*Penna. Med. Jour.*

Dr. Albert C. Geyser, in *Merck's Archives,* states that the patients usually have the appearance of being in the best of health. A parasite of psoriasis has never been demonstrated, but contagion seems to have produced the disease in others. While antiparasitic medication seems to assist in eradicating the lesions, it must be borne in mind that all antiparasitic medication possesses stimulating qualities which may account for all the good they have seemed to do. The fact that nearly all psoriatics seem to be in otherwise good health raises the question, "Is it not possible that some toxic material which is being eliminated by the skin affects certain locations where there may be a lowered cellular resistance, as the points of the elbows, or the front of the knees?" There is hardly any other part of the body where the skin undergoes so much stretching, contraction and friction as these points of psoriatic predilection. Again it has been noticed that when the patient for any reason fails in his general health, the psoriatic lesions improve correspondingly. In other words, this might be construed that other organs were taking up some of the toxic material thereby lessening the effect upon the existing lesions. Were these lesions the result of microbic invasion, the lesions under a deprest general health ought to increase and become more numerous. Another point of interest is the fact that when the patient is put upon a strictly vegetable and fruit diet, the lesions not only disappear, but the patient remains free from them as long as the strict diet is maintained and no longer.

Treatment.

Clear the digestiv tract by brisk catharsis. Phenolphthalein given in 2 to 3-grain doses, mornings and evenings, causes less disturbance during the daytime. Especially is this worthy of consideration when we remember that psoriasis is more prevalent during youth and middle age and slightly more so in the males than females. All animal food must be interdicted, including eggs and milk. The decomposition of animal food in the intestins produces various toxins which seem to be responsible for the lesion. The intestinal tract must be made and kept as nearly in an aseptic condition as possible. All intestinal antiseptics are a delusion and a snare. The only safe and scientific manner of ridding the gastro-intestinal tract of noxious germs is by causing the contents of the bowels to change from an alkalin to an acid medium. The germs of putrefaction cannot thrive in an acid medium. Lactic acid is the media best calculated to serve this purpose. This acid must not be administered by mouth, for it would soon be acted upon and with the rest of the intestinal contents be either neutralized or become alkalin. The lactic acid must be formed directly within the intestins from the intestinal contents. The *lactic acid bacillus* or *bacillus Bulgaricus* must be administered in large doses before or after eating three times daily for at least a period of three to four months.

The local treatment depends as to whether the lesion is in an hyperemic and activ state or in a stationary and chronic state. If activ, then some sedativ measure is indicated. A tepid bath with five or six ounces of sodium bicarbonate in the bath is very grateful and has a tendency to soften and loosen any hard scales. Sooner or

*Journal of Cutaneous Diseases, Including Syphilis, Oct., Nov., 1913.

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later all scales must be removed from each patch separately. Immediately following the alkalin bath the parts may be treated to an inunction of oil. It makes very little difference what kind of oil is used, its only function is to soften the scales. As each patch, however, may harbor certain germs, it is well to add to the oil some mercury oleate, making strength of about 20% of mercury oleate to 80% of some bland oil, like liquid petrolatum. Unguentum salicylicum 2% is very effectual.

When the scales have been cleared off, the base of the disease must be treated. If hyperemia is still markt a soothing dressing like lotio calaminæ is indicated for a few days. As soon as the toxic material leaves the general circulation the hyperemia becomes correspondingly lessened. The most efficient of all external applications after the lesion has been properly prepared is without exception chrysarobin. This ointment in the strength of about 5 to 25 grains to each ounce of petrolatum, is applied to the lesions only, avoiding the sound skin as much as possible. The parts so treated must be well protected from coming into contact with the clothing, as the stains of this cannot be removed from the clothing and only with some difficulty from the skin. When the lesions have entirely healed the stain gradually disappears. This drug must not be used during the hyperemic state, as it acts by its irritating qualities as an intense stimulant to even the healthy skin.

Psoriasis, no matter where located or how small the lesion may be, has a tendency to chronicity and relapses.

Serobacterins, or Sensitized Bacterial Vaccines.

Clinical experience has proved beyond question that bacterins produce a degree of immunity which enables the person treated to resist and overcome infection. The length of time required before the immunity occurs is unknown, and the local and general reactions which sometimes follow the first and occasionally subsequent doses demand improvement. To remedy the first of these defects, experiments were made with mixtures of serum and killed bacteria, with the idea that by this means immediate passiv immunity could be had, as well as a more permanent activ immunity, but this procedure resulted in failure, as only a slight degree of passiv immunity was secured and no activ immunity whatever. Besredka attributed this failure to the excess of serum present in such mixtures, and for the preparation of his "sensitized vaccine" took advantage of the discovery of Ehrlich and Morgenroth that bacteria mixed with a serum containing specific antibodies unite permanently with such antibodies. After maceration in the immune serum for a sufficient time the sensitized bacteria are recovered by centrifugation. The bacteria, with their antibodies attacht, are then washt in the centrifuge with physiologic saline solution until all traces of serum are removed. Careful complement fixation and animal tests are employed to make sure that proper sensitization has taken place, and finally the bacteria are made up into standardized suspensions for administration.

Besredka claims that sensitized bacterial vaccines or "serobacterins" possess a great advantage over the bacterial vaccines now in common use, in that their action is far more rapid, and they produce no clinical or opsonic negativ phase, and no local or general reactions. His researches have been confirmed by prominent investigators. Favorable reports have appeared on their value in the preventiv and curativ treatment of cholera, plague, typhoid fever, dysentery, streptococcic and pneumococcic infections, gonorrhea and even tuberculosis and rabies. Sensitized plague vaccine is now official in the French Pharmacopeia, sensitized tuberculin is coming into very general use in Germany and other European countries, and sensitized rabies vaccine, on account of the rapidity and certainty of its action, has been adopted as the official Pasteur treatment.

The underlying principle explaining the action of serobacterins, according to Besredka, is that the bacteria prepared by sensitization are rapidly devoured by the phagocytes, and this is the cause of the absence of unfavorable reactions following their use. The combining of antibodies and bacteria outside the body disposes of a long-drawn-out preliminary process which, with the bacterial vaccines, must be done by the patient's body cells. In serobacterins, this combination of antibodies with the bacteria being already performed, their action is immediate and free from local and general reactions.

The action of serobacterins may be characterized as follows:

1. Certain, because the bacteria are already prepared for phagocytosis and intracellular digestion.

2. Rapid. An effectiv immunifying response follows the first injection in from 24 to 48 hours.

3. Harmless. Being saturated with antibodies, the serobacterins do not absorb any of those present in the blood of the patient, and consequently cause no opsonic or clinical negativ phase. They are free from toxic action.

4. Permanent. Animal experiments prove that the immunity secured from the use of serobacterins or sensitized bacterial vaccines is more permanent than that following the use of bacterial vaccines.

The rapid production of activ immunity marking the action of serobacterins is invaluable in both the treatment of disease and preventiv immunization. In treatment of a patient infected with rapidly multiplying pathogenic bacteria, the prompt immunizing response should overcome the infection before it causes serious damage. In preventiv immunization, especially in epidemics, the advantage of securing immediate immunity should make the use of serobacterins almost obligatory.—*Mulford Digest.*

Double Sulfid, a Superlativ Antiseptic.

Dr. A. S. Tuchler in the *California Eclectic Medical Journal* states that he has used the double sulfid and says the direct indication for its use is a coated tongue and red papillæ, also a yellow-coated tongue with a red base and red papillæ prominent.

With these indications one would readily find a place for it in typhoid fever, and where the indications call for hydrochloric acid the remedy is then especially indicated. In this disease it is his practise to allow the patient to have as much water as he wishes, acidulated with hydrochloric acid so as to make a pleasant drink. The double sulfid is given in 1-grain tablets every hour for about eight to ten hours, then every three to four hours. This treatment will materially

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shorten the duration of the fever. It will prevent ympanites and also stop hemorrhage of the owels.

In cancer this is a valuable remedy. It is an xcellent antiseptic to the stomach and bowels.

It will be found invaluable in septicemia, whether puerperal or otherwise. In the eruptiv and contagious diseases it is unexcelled. Smallpox will be materially shortened, he states, and the contagiousness of the disease lessened, if the patient is saturated with the remedy—the breath and the perspiration will have the pronounced odor of the antiseptic—as the patient remarks, "like rotten eggs."

The formula for this remedy is as follows:

℞ Slaked lime.....4 pounds
Magnesium sulfate.....1 pound
Sulfur.....1 pound
Sugar.....3 pounds

Mix. Calcine at 300° to 400° F. for two hours in a closed oven, let it cool off from four to six hours before opening the oven, then powder and keep in well-stoppered bottles.

Dr. Tuchler says that calcium, magnesium and sulfur are important chemical elements of the body and a chemical change of these three elements by heat gives rise to a fourth compound, sulfurous acid, which is a tonic and germicide, and when liberated in the body soon makes itself manifest in the secretions and excretions.

In comparison with calcium sulfid, the therapeutic results of the double sulfids are far better, owing to the sulfid of magnesium in the latter and which has a soothing and healing effect on irritated and ulcerated mucous surfaces. So this double sulfid of calcium and magnesium together will give better results than either of the single sulfids alone.

The *American Journal of Surgery*, 92 William Street, New York, is offering a photogravure entitled "The Injured Finger," for 50 cents. It is a picture true to life, depicting agony on a bootblack's countenance while a sympathetic physician is mending the injury. A newsboy friend of the injured bootblack looks over the latter's shoulder with as much agony depicted on his face as has the victim. A third street gamin looks on with great interest displayed on his features. It is a splendid piece of art and looks well framed. We are sure that you would prize, and your patients and friends enjoy, this beautiful reproduction, which is so much more natural, more appealing and more human and so different from most of the familiar office and library pictures depicting gruesome scenes.

EXAMINATION QUESTIONS

Ohio, June 2-5, 1913.

PATHOLOGY.

1. By what agencies does the body protect itself against the entrance and harmful effects of pathogenic bacteria?
2. Describe morbid anatomy of bronchopneumonia.
3. What changes take place in extravasated blood? Name them.
4. What changes take place in an inflamed part, causing redness and swelling?
5. Describe the process of primary healing; of secondary healing.

Answers.

1. *Agencies by which the body protects itself against the entrance and harmful effects of pathogenic bacteria.* The acidity of the gastric juice, urin, and vaginal secretion; the alkalinity of the blood; the general bactericidal action of the blood and lymph; the action of the leucocytes and phagocytes; the agglutination action of the blood; and the general antitoxic action of the organism.

2. *Morbid anatomy of bronchopneumonia.* "The disease affects both lungs, and begins in the terminal bronchioles, spreading thence to the infundibula and alveoli. The consolidated patches have therefore a lobular arrangement, but if many adjacent lobules are affected the consolidation may be almost lobar. The bronchioles are inflamed and frequently plugged with mucus, and their walls and the surrounding interstitial tissue are infiltrated with small cells. The walls of the air vesicles in the consolidated area are congested, their epithelium is swollen, and their lumen is filled with proliferated epithelial cells, leucocytes, and a mucous or mucopurulent (not fibrinous) exudate. Many lobules are collapst, but not inflamed, from plugging of the bronchioles. When cut into, the small consolidated areas are seen to be conical in shape, with their bases towards the pleura, reddish in color, with indefinit margins, and separated from each other by crepitant lung tissue. Adjacent lobules may be emphysematous (compensatory emphysema). The bluish-gray collapst areas are most numerous in the lower lobes." (Wheeler and Jack's "Handbook of Medicin.")

3. *Changes which occur in extravasated blood.* "Blood extravasated in the tissues soon coagulates and subsequently undergoes disorganization, the red corpuscles breaking down into pigment-matter, which may be carried away or deposited at the seat of hemorrhage. The fluid elements may be completely absorbed, or, stained with coloring-matter, may remain as a cyst. A focus of hemorrhage may set up reactiv inflammation and lead to encapsulation by new connectiv tissue. Sometimes hemorrhagic accumulations become inspissated and undergo calcification. Blood in the serous sacs does not readily coagulate, but mingles with the normal liquid secretion. It may be gradually absorbed or may undergo degenerativ changes, especially when infected by microorganisms." (Stengel's "Pathology.")

4. "The phenomena of inflammation are dilatation of the arterioles, capillaries, and small veins. At first the blood current is quickened, then retardation occurs, and may progress to stasis and thrombosis. During this time exudation of plasma and white corpuscles from the small veins and perhaps the capillaries, is going on. Red corpuscles may be exuded and broken up, setting free their coloring matter. *Redness* is due to the hyperemia, and disappears on pressure, unless stasis has occurred. *Swelling* is due to the hyperemia and exudation. If the inflammation is under tense structures, like the palmar fascia, the swelling may appear in another part, as on the back of the hand." ("Aids to Surgery.")

5. *Healing by first intention.* "Exudation of plasma from the neighboring blood-vessels occurs, and its fibrinogen is converted into fibrin, so gluing the edges of the wound together. Leucocytes are poured out and infiltrate the wound, absorbing any blood clot present. These are followed by fibroblasts (connectiv-tissue cells), which take their place. New capillaries form by budding out from adjacent ones, and vascularize the new tissue. Fibrous tissue is formed by intercellular exudation from the fibroblasts and so the fibrocicatricial union is complete, for at the same time epithelium is spreading over the narrow surface line."

Healing by granulation or second intention occurs when the edges of the wound have not been brought together. "Exudation of plasma and leucocytes occurs, followed by fibroblasts and budding from the capillaries, thus forming granulation tissue. The dead tissues or sluffs are separated, and a red area of granulation is then exposed. The deeper layer of granulation tissue is converted into fibrocicatricial tissue, which contracts, and so the wound gradually lessens in size. In the meantime epithelium spreads in from the edge over the surface, and so the scar is completed." ("Aids to Surgery.")—*Medical Record.*

(To be continued.)

DEAR DR. TAYLOR:—Inclosed please find $3 payment to THE MEDICAL WORLD for 4 years. Kindly send THE WORLD to Gilmanton, as I have given up my practise in Pittsfield, N. H., and have retired to my farm. I cannot get along without THE WORLD. It is my sheet anchor. In conclusion, let me tell you that in my practise of thirty-eight years I have attended 1,869 confinement cases, and have not lost a mother. I boast over my good luck.

Gilmanton, N. H. ALBION H. FRENCH.

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BOOK REVIEWS.

THE HISTORY OF MEDICIN. With Medical Chronology, Bibliographic Data and Test Questions. By Fielding H. Garrison, A.B., M.D., Principal Assistant, Librarian Surgeon General's Office, Washington, D. C., Editor of the *Index Medicus*. 677 pages, many portraits. Phila. and London: W. B. Saunders Co., 1913. Cloth, $6, net.

The author purposes furnishing the student and practician with a definit outline of the history of medicin, and simultaneously to instil in his mind important facts going to round out a real medical culture. At the end of each section a brief survey of its cultural and social aspects is appended. Detailed exposition is laid in small type. Illustrations show the costumes as well as the features. Many famous men in medicin have left no record of their physiognomies, and no living American or English physician's features are portrayed, tho some continental notables appear. A set of test questions at the end of the text stimulates the reader to review and to fix in his memory salient matters of importance. It is actually entertaining to those of studious tendencies, and thus must be valuable as coaxing many to read who would otherwise remain ignorant; it being conceded that he who does not know the history of medicin does not know much medicin.—A. L. R.

THE SURGICAL CLINICS OF JOHN B. MURPHY. At Mercy Hospital, Chicago. Volume II. Number VI (December). Octavo of 186 pages, illustrated. Phila. and London: W. B. Saunders Co., 1913. Publisht bimonthly. Price per year: Paper, $8; cloth, $12.

The notable feature of this edition is the papers on the Production of Artificial Pneumothorax of the Lung by Injection of Nitrogen According to Dr. Murphy's Method. Other subjects are: Bone Cyst of the Radius; Pyonephrosis, Drainage; Exostosis of Radius and Ulna; Ununited Fracture of the Radius, Previously Plated, Transplantation of Bone; Ankylosis of Elbow; Laminectomy, for Tuberculoma of Spinal Column, etc.—A. L. R.

PRINCIPLES OF SURGERY. By W. A. Bryan, A.M., M.D., Professor of Surgery and Clinical Surgery at Vanderbilt University, Nashville, Tenn. 677 pages, 224 illustrations. Phila. and London: W. B. Saunders Co. Cloth, $4, net.

The "principles" elucidated are those of medicin as well as of surgery. The text itself is particularly well adapted to the use of the general practician. Every chapter contains some valuable information tersely told. The section on tuberculosis is rich in text and illustration. Details are forced in upon the reader deftly, and he lays a groundwork for thoroness in the greatly augmented field of detail he must master in practical work. The author is enthusiastic over local anesthesia. Benign and malignant tumors are given ample space and illustration. Every student and young practician is certain to be benefited by the perusal of this book.—A. L. R.

DISEASES OF THE NERVOUS SYSTEM. For the General Practician and Student. By Alfred Gordon, A.M., M.D., late Associate in Nervous and Mental Diseases, Jefferson Medical College. Second ed., 608 pages, 169 illustrations. Publisht by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa. Price, $4, net.

The text gives a plain and practical account of diseases of the nervous system, and may be readily assimilated by any student or practician of medicin. Pathology is made the basis of the text, but technical and debatable points are not considered. The attempt is made to make the connection clear between pathologic change and symptomatology. Differential diagnosis has full attention. The course of disease, mode of termination, prognosis, etiology and treatment are considered. A chapter on "Method for Examination" precedes description of diseases. We have examined few books with such a plain and practical trend, and we are convinced that it will do much to "popularize" the study of neurology among physicians who have hitherto been shy of the branch because of their conviction that it presented peculiar difficulties in mastery.—A. L. R.

DISEASES OF THE KIDNEYS AND NERVOUS SYSTEM. By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicin in Hahnemann Medical College, Chicago. 346 pages. Price, $1.50; postage, 9 cents. Publisht by Boericke & Tafel, 1011 Arch St., Phila.

This is the sixth and final volume of the author's series on internal medicin. It is a fine sample of a condenst textbook, in which the author, in terse language, gives a brief description of disease and its treatment. While many books use abbreviated names for drugs, the author has carefully spelt all drug names in full, so that no reader can mistake his treatment. This is a wise plan. This volume gives the regular profession an opportunity to learn some of the best homeopathic treatment.—J. C. R.

CLINICAL DIAGNOSIS AND URINALYSIS. By James Rae Arneill, A.B., M.D., Professor of Medicin in University of Colorado. 2d edition, 84 illustrations, 270 pages. Publisht by Lea & Febiger, Phila. and New York. Price, $1, net.

This is one of the "Medical Epitome" series, being a manual for students and practicians. It is a condenst book on the subject, describing the methods of examining, and diagnosing therefrom, blood, pus, feces, serum reactions, stomach contents, urin, including the Wassermann, Noguchi, gonorrhea complement fixation test, etc. It is up to date and will be found a valuable guide to laboratory work. The Abderhalden test for pregnancy is not included.—J. C. R.

THE TREATMENT OF RHEUMATIC INFECTIONS. 134 pages. Publisht by Parke, Davis & Co., Detroit.

This book contains a great amount of information on rheumatism, containing articles, many of which have appeared in medical journals, covering virtually every phase of the subject. The phylacogens are discust theoretically and practically. The book will be sent on request by Parke, Davis & Co.

THE CAUSE OF THE SOCIAL EVIL AND THE REMEDY. By Albert W. Elliott, president and general manager of the Southern Rescue Mission. Publisht by the Mission, 38½ W. Alabama St., Atlanta, Ga.

As a result of six years' work in the "under world," visiting 15,000 denizens, the author has produced a book giving the results of his experiences. He declares that "white slavery," as depicted in the newspapers and as generally understood by the public is a myth. He states that the women of the "under world" are distinctly a class to themselves and are what they are by "the clutch of heredity," and advances plausible arguments in support of his statement. He finds they cannot be coaxt or driven from their life of shame. The only possible remedy, he believes, is conversion to the religion of Jesus Christ. The book is of great interest and well worth reading. —J. C. R.

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THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. By W. A. Newman Dorland, A.M., M.D., Professor of Obstetrics, Loyola University, Chicago., etc. Seventh ed., revised and enlarged, 1,107 pages, bound in flexible red leather. Publisht by W. B. Saunders Co., Phila. Price, $4.50.

Revision has occupied two years, and is thoro. Over 5,000 new terms have been defined. The book is low in price, complete, dependable and convenient. No physician not engaged in literary work needs anything more voluminous. It has all the terms used in medicin, surgery, dentistry, pharmacy, chemistry, veterinary medicin, nursing, biology, medical biography, etc., with pronunciation, derivation and definition, and a mass of information is included which is encyclopedic in nature. It has tables of arteries, nerves, muscles, veins, etc.; of bacilli, bacteria, diplococci, micrococci, streptococci, ptomains and leucomains, weights and measures, eponymic tables of diseases, operations, signs and symptoms, stains, tests, methods of treatment, etc. It is eminently suited to the busy general practician.—A. L. R.

SAUNDERS' QUESTION COMPENDS, ESSENTIALS OF BACTERIOLOGY. By M. V. Ball, M.D., formerly Instructor in Bacteriology at the Philadelphia Polyclinic, assisted by Paul G. Weston, M.D., Pathologist State Hospital for Insane, at Warren, Pa. Seventh ed., 324 pages, 118 illustrations, some in colors. Phila. and London: W. B. Saunders Co., 1913. Cloth, $1, net.

Few subjects yield themselves so conveniently to judicious condensation as do the essential features of bacteriology, and the authors have given us a thoroly practical condensation of the essentials of modern bacteriology. It is well adapted for use in the laboratory, and for the needs of those who wish to review the subject for examinations or for practical purposes. It is clear, dependable and terse; having just the desirable features one seeks in a manual of this sort.—A. L. R.

BLAKISTON'S QUIZ COMPEND OF DISEASES OF THE SKIN. By Jay F. Schamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic, etc. Fifth ed., 293 pages, 112 illustrations. Publisht by P. Blakiston's Son & Co., 1012 Walnut St., Phila. Price, $1.25, net.

Late knowledge on treatment of syphilis is incorporated; the author advises "salvarsan *and* mercury." Brief chapters on vaccine treatment and on the use of carbon dioxid are included. It is a rapid reference work and key to the essentials of dermatology, and the important points are presented succinctly, lucidly and in readable form. Especial attention is given to differential diagnosis and to approved methods of treatment. No other book can give the hurried reader a more comprehensiv view of the salient points concerned with each of the skin diseases than is given here.—A. L. R.

DORLAND'S AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. Newman Dorland, M.D., editor "American Illustrated Medical Dictionary." Eighth ed., 677 pages. Phila. and London: W. B. Saunders Co., 1913. Flexible leather, $1, net.

Altho of pocket size, it will fill every need of many physicians and students, and it is splendidly adapted to the requirements of the nurse. This edition easily represents the highest attainment in the line of "pocket medical dictionaries." It has 76 tables, each of which has definit value to the hurried reader who must compass the essentials in a short space of time. The late additions to the literature in words used in medicin, laboratory methods, chemistry, serology, dentistry, veterinary medicin and nursing are included. It is modern, thoro and convenient.—A. L. R.

DISEASES AND DEFORMITIES OF THE FOOT. By John J. Nutt, B.L., M.D., Surgeon in Chief, New York State Hospital for the Care of Cripples and Deformed Children, etc. Publisht by E. B. Treat & Co., 241 West 23d St., New York, N. Y. 286 pages, 106 illustrations. Price, prepaid, $2.75.

This book has been devised to aid physicians who have had no opportunity of being trained in pedal maladies, but who can handle the treatment quite as well as any specialist, owing to its extreme simplicity. The text is clear, and the illustrations will enable any practician to make desired apparatus or have it constructed for him. —A. L. R.

ESSENTIALS OF PRESCRIPTION WRITING. By Cary Eggleston, M.D., Instructor in Pharmacology, Cornell University Medical College, New York City. 115 pages. Publisht by W. B. Saunders Co., Phila., 1913. Cloth, $1, net.

This little book is succinct, yet sufficient. The subject is handled in a sequential manner, which prepares the reader for practical application of his knowledge when it comes to developing the written prescription. It is needed by many physicians deficient in Latin training, and will prove of great service to the busy undergraduate who must compass much in little time.—A. L. R.

PHYSICIAN'S VISITING LIST FOR 1914. Sixty-third year. Publisht by P. Blakiston's Son & Co., 1012 Walnut St., Phila. Price, $1.25.

Contains 1914 and 1915 calendar; tables for calculating period of utero-gestation, signs, incompatibility, poisoning; metric system of measures, converting apothecary's weights into grams, dose table, etc. It is durably bound in black flexible leather.—A. L. R.

RADIUM AND CANCER. As employed in the treatment of cancer, angioma, keloids, local tuberculosis, and other affections. By Louis Wickham, M.V.O., ex-Chief Clinic Hospital, St. Louis, and Paul Degrais, ex-Chief Laboratory Hospital, St. Louis. Translated by A. and A. G. Batemen, M.B., C.M. Publisht by Paul B. Hoeber, 69 East 59th St., New York, N. Y. Price, $1.25, net.

This book will give any practician an intelligent idea of the action and limitations of radium, so that he may judiciously advise for or against its employment. Many illustrations of cases, before and after taking the radium treatment, give one a practical idea of results. The authors have a message for the profession, and they tell it tersely and understandingly. Every physician not familiar with the action of radium will be improved in his practical therapeutic resources by its perusal.—A. L. R.

THE HOME NURSE. By E. B. Lowry, M.D. 224 pages. Price, $1, net. Chicago: Forbes & Co., 1914.

This book gives helpful directions for the care of the sick in the home and teaches the nurse how to co-operate with the physician in providing for the comfort and cure of invalids. It presupposes no knowledge whatever on the part of the reader, and therefore gives full instructions in the details that a nurse must know. This is a good book to put in the hands of a prospectiv nurse and of any one who desires to do nursing, but has had on training.—J. C. R.

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OLD AGE: ITS CARE AND TREATMENT IN DISEASE. By Robert Saundby, M.D., LL.D., M.S., Fellow of the Royal College of Physicians, London. 312 pages. Publisht by Longmans, Green & Co., 4th Ave. and 30th St., New York. Price, $2.10, net.

In this excellent volume the author considers old age and the diseases of old persons. This is the first systematic treatise on the subject; and the author presents a splendid scholarly book, which is of high merit. Heart, blood vessels, alimentary tract, genito-urinary tract, general diseases, formulas, diet lists, recipes, table of exercises for elderly people, etc., are included and well considered. In this volume the author has put much information.—J. C. R.

INDIGESTION, CONSTIPATION AND LIVER DISORDER. By G. Sherman Bigg, F.R.C.S. Ed., M.R.C.S., etc. Publisht by Paul B. Hoeber, 69 East 59th St., New York, N. Y. 163 pages. Price, $1.50, net.

The frequency with which these disorders confront us leads the author to a desire to share the knowledge gained from a study of them with the profession, in the hope of lessening the frequency of these prevailing and everyday complaints. The text is almost wholly therapeutic in scope, and contains many prescriptions, besides valuable suggestions for the use of single medicaments. Much is gathered here that one will not find in any other single textbook.—A. L. R.

DIAGNOSIS OF BACTERIA AND BLOOD PARASITES. By E. P. Minett, M.D., D.P.H., Assistant Government Medical Officer of Health and Bacteriology, British Guiana, etc. Publisht by Paul B. Hoeber, 69 East 59th St., New York, N. Y. 77 pages. Price, $1, net.

Essential points are judiciously condenst, and the book is a valuable pocket companion for a vacant hour. Those without training in this field will find it an introductory guide to the subject which is trustworthy, and complete enuf for most practical purposes where one is without laboratory facilities for going into the subject in detail. —A. L. R.

Acknowledgments.

Mortality Statistics, 1911. Department of the Census, Washington, D. C.

United States Brewers' Association. The Yearbook with Proceedings of the 53d Annual Convention, held in Atlantic City, N. J., October, 1913.

The Willows Calendar. The Willows, Kansas City, Mo.

Newer Methods in the Treatment of Neuritis. By A. B. Hirsh, M.D., Phila. Reprinted from "International Clinics."

Some Sexual Disorders in the Male; "Impotency and Involuntary Seminal Emissions." By Albert E. Mowry, M.D., Chicago, Ill.

Demonstration of the New Kahler Bronchoscope, with Indications for its Uses. By Dr. C. A. O'Reilly, Phila.

EDITOR MEDICAL WORLD:—Herewith find inclosed my check for payment of subscription to your excellent journal.

Your advice to doctors is worth a great deal more than we pay for it. Most doctors are either "easy marks" or too tight-fisted to take advantage of a good thing.

None of us collect as well as we should. Your advice is good, tho I have not adopted your plan literally. I think it very important to keep our business before us in a way that we will know what we *are* doing. I have a plan of my own in keeping books. I keep a day book, double entry ledger and cash book, so I can tell any day just what my cash receipts have been for the current year as well as previous years. Nine times in ten when you hear a doctor say his work amounts to so much and collections so much it's a guess wherein he may have missed it half. J. L. EDWARDS.

Brownsville, Tenn.

OUR MONTHLY TALK.

For many years past—say a generation or two—men prominent in science, art, statecraft, etc have been called to the lecture platform, and thi has resulted in financial benefit to the lecturer and very great educational benefit to the genera public. The brightest stars that this country ha ever produced have graced the lecture platform.

The Methodists have, since I don't know when sought nature in the summer time by going t pleasant groves to preach and pray in "God' first temples." And during recent years the have learnt that looking upward is not the only way to see God. They found that God is all around us, and in all our affairs. It was then that they began to invite speakers who were no preachers. They found that their people needed instruction in general literature as well as in church literature—that all literature is *human* literature; hence literary lectures and courses. They realized that science searches the secrets of the heavens above and of the depths of the sea. If "the stars declare His glory," the scientist is nearer to Him than those who know nothing of the stars. And the scientist was invited to instruct those who attended camp meeting primarily for religious instruction. Music has always had a place in worship, tho many limited worship music to a certain kind of music, usually doleful, which is well suited to certain purposes, but worship need not be, and usually should not be, doleful. All good music is sacred. The art of medieval Europe produced church pictures almost exclusivly. Now art blossoms in every direction—and it is no less sacred than formerly. Politics, in its highest sense, serves human needs and is religious, in that it makes this world a better place in which to live—and to die. The scientist with his revelations, musicians with various instruments, as well as that supreme musical instrument, the human voice, and the statesman with his message were all invited to the platform which was formerly monopolized by preachers.

This supremely important development occurred under the guidance of Bishop Vincent, at Chautauqua, N. Y. The movement spread to other places, but they were called "Chautauquas." And it spread to other denominations than the Methodist, but still the name "Chautauqua" clung to the movement. "Chautauqua circles" were formed for study, courses of reading and lectures were pursued at the homes of the Chautauqua attendants, and now nearly every lecture platform is called a "Chautauqua" platform.

Leaders in different branches of thought and activity have graced the "Chautauqua" platform, including many statesmen, congressmen, United States senators, governors, presidential candidates etc.; and it was never thought that the "dignities" of any of them suffered thereby.

Among so many hearers, tastes naturally differed; and the tastes of the same persons will differ at different times. I am very fond of spinach; but I don't want it for dinner *every* day. Occasionally a humorist is enjoyed by the Chautauquans—and rightly and properly. Sometimes the music offered is light and airy. For example, Tyrolese yodlers give their remarkable Alpine vocalizations—and this is a number that I specially enjoy. And occasionally a juggler is

(Continued over next leaf.)

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The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

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VOL. XXXII APRIL, 1914 NO. 4

The National Antinarcotic Bill.

We wonder how many of our readers have taken the opportunity to write to the senators from their respectiv states and ask them to favor the passage of the National Antinarcotic Bill (H. R. 6282). We have written a great deal about this bill in the past few months and have urged the profession to endeavor to secure its passage by Congress. The narcotic evil is a great public menace, and our members should do all in their power to secure the enactment of such legislation as will give the government officials control over the sales of habit-forming drugs.

The bill has been amended in the United States Senate to include the prohibition of the sale of hypodermic syringes except on physicians' orders.

We have made plain in past issues that this bill should be earnestly supported by the entire medical profession in order to prevent the enactment of other legislation inimical to the best interests of physicians. We have called attention to the latter kind of legislation in several states. It is better for the profession to willingly accept a fair regulation than to have thrust upon them vicious legislation that will hinder their work in treating the sick.

The bill, we understand, is now nearly ready for final action, and, indeed, that may have been taken before these lines reach you. We hope so.

Poisons Not Mailable.

A new problem confronts the physician in obtaining his medicin. Usually the physician orders his drugs in sufficient quantity to last him for a considerable length of time, a half year or so. Sometimes, of course, he runs short of some particular remedy and forthwith orders a supply of it. When he ordered his season's supply in great quantity it was usually sent by express, and the small quantities were sent by mail. Now the postoffice department issues an order prohibiting the sending of "poisons" by mail, which will necessitate the use of the express for all such packages, increasing the cost materially. This increast cost will fall on the doctor we have been told by one manufacturer. The following is a copy of the postoffice regulations:

SEC. 472. All kinds of poison, and all articles and compositions containing poison, and all poisonous animals, insects, and reptiles, and explosives of all kinds, and inflammable materials, and infernal machines, and mechanical, chemical, or other devices or compositions which may ignite or explode, and all disease germs or scabs, and all other natural or artificial articles, compositions, or materials of whatever kind which may kill, or in any wise hurt, harm, or injure another, or damage, deface, or otherwise injure the mails or other property, whether sealed as first-class matter or not, are hereby declared to be non-mailable matter, and shall not be conveyed in the mails or delivered from any postoffice or station thereof, nor by any letter carrier; but the Postmaster General may permit the transmission in the mails, under such rules and regulations as he

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shall prescribe as to preparation and packing, of any articles hereinbefore described which are not outwardly or of their own force dangerous or injurious to life, health or property.

Medicines and anesthetic agents which are not outwardly or of their own force dangerous or injurious to life, health, or property, and not in themselves unmailable (see Secs. 454 and 480), may be admitted to the mails for transmission in the domestic mails when inclosed in packages in conformity with the conditions prescribed in section 474: Provided, That the terms "medicines" and "anesthetic agents" shall not be construed to mean poisons. Provided further, That the article mailed bears the label or superscription of the manufacturer thereof, or dealer therein, or of the licensed physician, surgeon, dentist, or veterinarian preparing or prescribing the same.

The postoffice department informs us that by a recent court decision they were stopt from permitting physicians, druggists and drug manufacturers to be exempt from such a rule on the ground of thereby instituting "a favored class." Hence, they must enforce the regulations against everybody indiscriminately.

We think this regulation is an injustice, for it denies the use of the mails to a legitimate business. The regulation could be made to except all poisons made up as medicin and to be used as such.

At a recent meeting of the National Drug Trades Conference the following substitute for the existing poison regulation was recommended:

Poisonous substances intended for internal or medicinal administration when packt in a metal container, bearing the address of the sender, together with a label bearing the word "poison," may be admitted to the mails under first-class rates.

We do not see any necessity for putting them in the first class.

This regulation, if it is intended to prevent the sending of poison thru the mail for felonious purposes, will hardly effect its purpose, for when so sent it is never sent as poison, which would defeat the object of the sender, and when a person sends it thus and is detected, he is usually held on the felony charge, and the breaking of the postal regulations is so much of a less offense that it seldom or never is prest.

According to newspaper dispatches, the United States Express Company has decided to wind up its business and turn its contracts with railroad companies over to another express company, giving as a reason that the parcel post and the new express rates have made it unprofitable to continue in business in a great many places, and hence will discontinue offices there. These latter places, most likely, are agricultural localities where little or no manufacturing is done and all packages sent from or to them will hereafter be transmissible only by parcel post.

The relation to physicians of this altered state of affairs in our interstate commerce calls for our attention. If the postoffice department refuses to permit the mailing of drugs because they are poisons—and virtually all drugs are poisons—and there is no express office in the vicinity to deliver or even receive such a package, how will the doctor or druggist get his drugs? It is true they might be sent by freight. But how ridiculous it would be to send an *ounce* of 1/60 grain of strychnin tablets by freight! If this matter continues to become more and more intricate and involved, as it seems to be getting, it will become a most distressing situation for physicians and druggists.

We hope the postoffice department will find a way to amend the regulations we have referred to, so that drugs for legitimate purposes may be sent thru the mails. Every dispensing physician is personally interested in the outcome of this matter.

Proposed Legislation Affecting Doctors and Drugs.

The New York legislature has a bill to restrict and control the sale of narcotics (No. 435, Assembly). In section 246 it states that prescriptions shall be filled but once and no copy may be given to any one.

Section 248 provides as follows:

* * * All *physicians*, druggists, veterinarians, and dentists shall keep on record the name and address of each person to whom such physician, dentist or veterinarian administers or disposes in any way whatsoever any of the drugs enumerated in section 245 of this chapter, and the quantity so administered, disposed of, or given away. Such record shall be preserved for four years and shall always be open for inspection by the proper authorities. * * *

This section will give a great deal of clerical work to the physicians in New York state in keeping track of their cough tablets and Dover's powders, etc., if they do not cause this bill to be modified.

Section 249 of the bill prohibits a physician from administering or prescribing any of the remedies mentioned in section 245* daily for a period of more than three weeks. At the end of this latter period he must call

*Sec. 245. No pharmacist or other person shall fill prescriptions containing opium, morphia, coca leaves, cocain, alpha or beta eucain, chloral, cannabis, their salts, derivatvs or preparations except upon the written order of a physician.

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a consultant and obtain his consent and o report the matter to the local health icer.

Section 249a forbids the ownership of a podermic syringe or needle by any one t a physician, dentist or veterinarian, ex-pt dealers. This excludes nurses.

Bichlorid of mercury is being legislated ainst in several states. The legislation not identical in the different legislatures d will work unnecessary hardship on nufacturers. In New York, Senate bill). 5, section 1747a provides that bichlorid mercury tablets shall be cube-shaped tab-s, colored green; shall be put up in a tri-gular-shaped green bottle.

In New Jersey a bill has been introduced compel bichlorid tablets to be made in the rm of a coffin and on each tablet the word oison" and a skull and cross bones design. o other tablet may be made in this coffin ape. No reference to the color of the tab-t is made.

In Congress a bill practically identical ith the New Jersey bill has been intro-uced.

In Rhode Island a bill is pending requir-g all poisons in liquid form to be contained three-cornered or triangular-shaped bot-es. Only poisons may be placed in such ttles. Poisons in powdered form must be pt in wood, glass, tin, pasteboard or paper ntainer of a bright-red color.

This legislation in regard to bichlorid ght to be made uniform, allowing the tab-ts to be of one shape and color, whether at be coffin-shaped or triangular, green or ue, and the containers should be identical lso. The cause of this bichlorid legislation not the fault of the bichlorid or of the anufacturers, but of the gross carelessness the people who do not think and swallow chlorid tablets in the dark. As to those ho take bichlorid by intent, neither shape or color will deter them. Restriction as to he sale is the most important part of the aw, and will be the most effectiv if properly arried out.

In New Jersey there has been introduced pharmacy bill which allows (section 3) the harmacy board to inspect supplies of drugs nd medicins wherever found.

Anaphylaxis in Diphtheria.

Richet discovered that a second dose of oxin, at a certain interval, induced certain erious and often fatal symptoms in the dog, nd to this phenomenon he applied the term naphylaxis. Soon after diphtheria anti-toxin was placed in general use it was noted that about one-third of the patients so treated developt symptoms due to the serum, and to this von Pirquet and Schick applied the term "serum sickness." It was also noted that the serum from certain horses was more prone to produce this serum sick-ness than was the serum from other horses. Treatment of asthmatics by injection of horse serum was advocated, and many were so treated. Unfortunately, in many of such cases the results were disastrous. It was also found that many persons, injected for the first time with horse serum as used in diphtheria antitoxin, quickly developt the same alarming or fatal symptoms. Some of the patients were asthmatics, and some were not. Enuf has been developt to establish the fact that some persons are oversensitiv to horse serum. Recent literature shows that the term anaphylaxis is being used to apply to every case or condition of increast sus-ceptibility, until it is now common usage to state that a person is in an anaphylactic condition regarding anything toward which he exhibits an idiosyncrasy.

It is, however, the earlier significance of the term to which we wish to apply our re-marks. In this issue a querist asks regard-ing the professional attitude one should as-sume in the face of a case of diphtheria in an asthmatic. Would one use the antitoxin without informing the parents of the pos-sible danger? Or, after explaining, what would one do if parents insist upon the use of the antitoxin? We are writing with the full knowledge that many injections of anti-toxin have been made in asthmatic cases without untoward results; we know that diphtheria antitoxin itself has been advo-cated for the cure of asthma when no diph-theria complicated matters; *but* we also know that not a few patients have died miserably soon after injection of the anti-toxin.

One must consider, first, the severity of the infection with diphtheria. Not every diphtheritic patient dies if deprived of the benefits of antitoxin. We are so accustomed to its powerfully beneficent influence that we are forgetting to treat diphtheria in any other manner. On the other hand, we know that a severe case of laryngeal diphtheria is almost certain death if antitoxin is not used.

Dr. E. W. Goodall, one of the editors of "International Medical Annual," 1912, page 134, meets the issue squarely, as follows: "Not every asthmatic is liable to anaphy-

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lactic shock; so that if the patient was suffering from laryngeal or any severe form of diphtheria, I should give him antitoxin and risk the anaphylactic shock, for in such a case there would be a much greater chance of his dying of diphtheria than of the results of supersensitization." The writer, on the other hand, dissents. I would not be satisfied to inject antitoxin into an asthmatic child until after I had informed the parents of the known danger. Then, if they insisted on its use, I should feel that in self-defense I should demand a consultant to share the responsibility in event of disastrous results. One must consider, too, in this connection, that no layman is a competent judge, least of all a parent harast by deadly terror for his child's safety. He has understood, we must remember, that "antitoxin is a speedy and harmless cure for diphtheria." Imagin, then, the scene if his loved child dropt dead within a moment after the injection of the antitoxin. Personally, we don't care to face it.

Not enuf is known of what anaphylaxis, as applied to the effect of diphtheria antitoxin, really is. It is known that it is induced by a protein body in the serum, and that removal of this body emasculates the virtue of the serum. Atropin has been suggested as a preventiv, but the immense quantity of the drug required, as evidenced by experiments on rabbits, discourages one in this regard.

No one uses antitoxin more freely or more universally than the writer does when confronted by diphtheria, but we confess that we have never met a complication of asthma and diphtheria, and that if we did, we would hesitate.

BUSINESS TALK TO DOCTORS

Well, "how's biz?" Have you been able to keep your books up to date during the winter? This should be done, always, even if you have to employ extra clerical work occasionally. Nothing will pay you better than money spent for such extra help when needed. But if you have gotten behind in your posting or collections, the sunny days of April will be likely to so modify the demands of practise that you will have a chance to catch up.

What time in the year is usually the "investment time" with you? Many business men accumulate steadily, allowing surplus to grow in the bank until usually a certai time of the year unless an unusual oppor tunity for investment should present itsel in the meantime. Usually these investmen periods are annual, by habit, tho I do no know if any time of the year is better tha any other time. Some men are "ful handed" in the spring, some in the fall, an others at other times of the year, accordin to the nature of the business and collection

If spring is your time, or whenever you "full-handed" time may come, I want to say don't be in a hurry. Take your time. Pu your funds in a safe bank and then re easy. Wait till you find the right thing, i it is months. Don't put into some fa away "industrial." In this connection l me show you something.

Dr. B. A. Souders, of Winterset, Ohi sends the following interesting letter. Not the date. The letter was signed by a gentl man well and favorably known to th medical profession at the time, a prominen and successful business man. I knew hi personally. But as he has been dead fo some years, it is not necessary to now prin his name. The facts are all that we want

NEW YORK, October 24, 1898.

Dr. B. A. Souders, Winterset, Ohio:

DEAR DOCTOR:—I inclose herewith a prospectu of the Composite Type Bar Company, which de scribes one of the most important inventions o the past century, and one that I believe will be a profitable to the stockholders of this Compan as the Bell Telephone and other important inven tions have been to original investors in thei stock.

The stock of the Composite Type Bar Company is now selling for $50 per share (par value $100) and in a very short time will sell, I am confident at par, and within a few years, from present indi cations, will sell at $500 per share. The price a which this stock is being sold is less than one twentieth of the valuation of the original stock of many of the most successful companies re ferred to above. I promoted the *Composite Type Bar Company* from the beginning, and have care fully watcht its prospects and interests, and am confident that it will not be excelled by any of the immense corporations that have gone before it I believe that the dividends on the stock of this Company, within a reasonable time after it is placed on the market, will pay from 50 to 100% yearly, and that every purchaser of stock in this Company at $50 per share will receive at least three times the cost price from the sale of foreign patents.

The kindly feeling I hold toward the medical profession, due to the success for many years I have achieved thru their recognition, is why I offer the small amount of stock for sale at first to them. There are already nearly four hundred physicians who own stock in the Composite Type Bar Company, and a large portion of them occupy the highest positions among the medical profession.

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If any physician is impressed that the statements made in our prospectus are extravagant, will aid him in making further and complete vestigations, so as to base his opinion on his n judgment.

Should you be interested, I will take pleasure sending you a bar of type made by this maine, and give you any further information you sire. Please read carefully the prospectus inosed herewith. I believe all the statements erein are conservativ, and that this opportunity, all probability will never present itself again. A reply will be appreciated, altho you may not able to purchase stock at present.

Faithfully yours, —. ———.

Dr. Souders wisely saved this letter and companying circular, and on April 25, 913, wrote referring to the above letter, nd askt as to the present status of the comany, and if there was any stock for sale, nd if so at what price. Here is the reply:

JERSEY CITY, N. J., May 2, 1913.

A. Souders, M.D., Winterset, Ohio:

DEAR DOCTOR:—Your letter to Mr. —. ——— s been turned over to me for attention, as I was s secretary during the latter years of his lifeme.

He died several years ago.

I know nothing about the affairs of the Comp. ype Bar Co. only by hearsay. I was informed ecently by one of the stockholders of the comany that its affairs were in a very bad state, and at steps had already been taken, which if carled out, would dissolve its corporate existence.

Regretting such an unfavorable report, I am,

Yours very truly, —. ———.

This is the usual result. The exceptions re rare. Here is a recent letter:

NATIONAL OPERATING COMPANY.

STEGER BLDG., 28 E. JACKSON BLVD.

CHICAGO, February, 1914.

Dr. E. W. Brooks, Beecher City, Ill.:

DEAR SIR:—Knowing that you are a busy man nd assuming that your time is very valuable, we re asking if we may consistently take two minutes of your time to read this letter and inclosed ooklet.

Undoubtedly you are one of the many who believe in life insurance, health and accident and ire insurance and their benefits. Have you ever hought of becoming a shareholder in a company hat derives its benefits from the insurance busiess?

Do you know anything about the profits that ave been made by life insurance companies for ts stockholders?

Do you know anything about the soundness and trength of life insurance companies?

Do you know that the combined assets of all he life insurance companies in the United States mount to more than four billion dollars?

No other business in the world has ever grown with such rapidity and stability.

Many life insurance companies are to-day paying more than 100% annual dividends upon the original par value of their stock.

We invite investigation.

Thanking you for the courtesy extended to us in reading this letter, we beg to remain.

Very truly yours, MORTON D. HARRIS, *President.*

This is not one of the crude promotion letters. It is one of the refined sort. The pamphlet accompanying the letter cannot be read in "two minutes." I have markt this as follows: "Put aside, and make inquiry concerning its progress, say in five years." We all ought to do more of this, as Dr. Souders has done, and then we could have a rather complete history of firms that look to the medical profession to furnish their working capital and take the risks and bear the losses.

Here is a portion of a letter from Dr. A. L. Fischer, of Hoffman, Ill.:

I would be pleased to know what information you have on The Equitable Bank Depositors Guarantee Company, of Columbus, Ohio. Recently a stock salesman sold a large amount of stock to prominent business men of our vicinity with part payment down on stock and notes for balance due on June 2, 1914.

At present I can give no information. Will try to learn something about this company, and will print it as soon as I can get it.

Later: An expert opinion which I am not at liberty to quote indicates that this is not the kind of an investment which I would recommend to physicians. It has not the stability of a good mortgage or of a good bond. Business men may take their own risks. Doctors should not subject their savings to any risk.

* * *

Dr. L. E. Noble, of Rhodes, Iowa, asks about the Century Life and Accident Company of Philadelphia. See WORLD for May, 1913, page 184.

In addition to what I said in the issue above referred to, I now present the following, which I have just received from the *Financial World* of New York:

With regard to the Century Life and Accident Co., of Philadelphia, we would say that Best's *Insurance News* says this company makes a very unsatisfactory financial showing, the Pennsylvania Insurance Department Examiner having shown a deficit as of May 31st, last, of over $15,000. Claims, however, he says, were settled promptly. Certain contracts which Louis P. Foster, the president, has, were criticized in this report. We would add that Best's *Insurance News* is a very reliable insurance publication.

* * *

A Washington (state) brother says:

I have always enjoyed your business talks. They certainly should be a help to all doctors. I have never been much of a speculator, but have for the past twenty-five years put my spare money

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out at interest, on first mortgage, and have usually got 8%, which is very good, and I have never lost any in that way, but all have been gilt-edge loans.

Have been practising now about 25 years, and have practised all of that time in two places, the first twelve years in ———, Iowa, and the balance of the time in this place. I haven't, like some doctors, had a very large and lucrativ practise, but most of my work has been amongst the poorer class, and about the best I could do was from $3,500 to $4,000 cash a year (and cash is the only thing one can count).

A South Dakota brother sends a moving-picture proposition which came from New York. This is a thing that could be put away and inquiry made in one or two years, and the probabilities are that by that time—well. Of course, you will not put your money into such a thing.

* * *

SOUTH JACKSONVILLE, FLA., Feb. 2, 1914.

EDITOR MEDICAL WORLD:—Thru the columns of your journal, I wish to warn the profession against a man who when here signed his name as "Wm. C. George." He claimed to be organizing a "Den" of the "Loyal Order of Lyons," with headquarters ("Supreme Den") at Seattle, Wash., and had literature, receipt cards, etc., to substantiate his assertions. He gave his local address in Jacksonville, but a letter addrest to him there was returned "unclaimed," and a letter written to the Supreme Den in Seattle has received no reply, tho it has been twenty-five days since writing.

If any of the brothers of THE WORLD family know anything of "Wm. C. George" or the "Loyal Order of Lyons," would like to learn either privately or thru the columns of THE WORLD.

C. W. TOMPKINS, M.D.

I wrote to the "Supreme Den" at Seattle for circulars and received them with reasonable promptness. Further I do not know.

* * *

A brother wrote me for information and advice concerning a certain collection concern, saying that the agent would return to him again "about the middle of next week," and he had about decided to give him his accounts. I answered promptly as follows:

PHILADELPHIA, March 10, 1914.

Dr. James E. Green, 224½ E. Main Street, Chattanooga, Tenn.:

DEAR DOCTOR:—Yours of March 7th just referred to me; and I hasten to reply in order to help you to decide the matter whether or not to give your accounts to the ———.

As far as I know this company is about as reliable as any of them; but I feel that you do not realize what you will be into as soon as you sign the agreement. Do you realize that this agreement requires a great deal of clerical work from you? You must first get all of the accounts ready in due form, and be sure that each one is correct, as each one will involve more or less expense. You must report on the entire list, entering into all details every twenty days until six such reports have been sent. Every time you send, you must send two two-cent stamps for ea claim.

Now stop and think of the clerical work th this will involve; and if you don't do it faithfull you have broken the agreement, and hence can hold them to theirs.

Then think of the cost: On the first $50 co lected, you must give 50%; all subsequent colle tions, 20%, besides all the postage stamps and t trouble—and then there are many further detai of expense.

Are you ready to go into all this detail o clerical work? And what do you think will b left for you after all these expenses have bee met?

I do *not* think that it would be wise for you t go into this arrangement. You can do a gre deal better. Talk to some young attorney i Chattanooga about the matter—someone who i not afraid of work, and knows something abo accounts, or talk to some bookkeeper who m know something about collecting. You can g the services of one of these or of a local collect for much less money, and you will get much bett service. Read the "Business Talks" in Th WORLD for the last several months, and then thi

You will probably have to have help anyw to meet the requirements of the agency's co tracts, so why not use the same help in dire collecting yourself, or thru a local collector, or t local young attorney, or some bright woman wh can make calls on your debtors and do it di creetly and report to you? There are many bet ter ways, more effectiv ways, and less expens ways and less troublesome ways of collecting th to sign this agency agreement with all the detail duties and expenses that it involves.

Very sincerely yours,

C. F. TAYLOR.

* * *

You have doubtless heard of the Wisner notorious mine-stock promoters. See th following, clipt from the Philadelphia *Public Ledger* for March 15th. I hope none of your money went to these people:

SEEK CONVICTS' TREASURE.

POSTAL AUTHORITIES AFTER $3,000,000 IN HIDDEN BONDS AND MORTGAGES.

NEW YORK, March 14.—Search for more than $3,000,000 in hidden bonds and mortgages, supposed to be concealed in western banks, will be made immediately by the postal authorities, according to special United States District Attorney Henry N. Arnold.

The hidden wealth is said to belong to John J. Meyers and Archie L. Wisner, convicted Friday in the Federal Court of using the mails to defraud, and sentenced to Atlanta prison for six years. Both men maintain they are paupers.

Further investigations show that Wisner and Meyers' earnings in the mail frauds were nearer $6,000,000 than $3,000,000, as reported during the two trials.

And here is an editorial from *Northwest Medicine* for February:

ANOTHER SCHEME TO SOAK THE DOCTORS.

It is notorious that doctors form a good share of the easy marks for the get-rich-quick promoters. The contributions which they have in the past delivered to those selling all kinds of devices for making much out of little would total a very large sum, if gathered in one mass. This is so true that they are continually swallowing the bait offered by various schemers which a conservativ business man would reject at the first nibble. It is only necessary to remind the doctors of Oregon, Washington and Idaho of the defunct and malodorous Empire Life to suggest how many are in

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that class of suckers who are born every minute. If you are among that number, gentle reader, you will recall how you were induced to buy a block of stock in this company on the assurance that you were to be enricht from the examinations of a large portion of the citizens of your town who were to secure the valuable policies of this company. You will recall the shock which you received the following week, when you learnt that most of your fellow-doctors had also contracted for this same exclusiv privilege.

Another buccaneering assault on the profession of these three states is now being instituted by some of the former officials of this defunct company, this time under the euphonious and seductiv name of the Mutual Health Association. Judging from its prospectus and information obtainable, the doctors have thus far been workt rather than the general public. The scheme in brief is as follows: The doctor who agrees to become a sucker purchases $500 worth of stock from the association, of which he pays $250 in cash. He is then to be made physician of the company and will treat the patients thus sent to him, charging the regular fees for services. The latter, however, are to be collected by the association, 75% of which will be retained to liquidate his unpaid stock. Easy, isn't it? You do the work and the other fellow collects the fees for you. Suppose half the doctors of your town have taken on the same contract, where do you get off? After this institution had fairly started, the Washington insurance commissioner nearly put a crimp in its prospects by classing it as an insurance company and demanding the necessary $100,000 in securities before doing further business. Being unable to comply with this condition, the enterprising promoters resurrected the charter of another defunct, get-rich-quick organization of this state, the Security Casualty Company, which died some time ago. The promoters claim that the insurance department will permit this company to do business on condition of selling $50,000 worth of stock with a surplus of $10,000. Under the guise of this alleged protection they have started a campaign of persuading the easy doctors of the Northwest to part with some of their surplus coin by purchase of stock in one or both of these concerns. Our purpose is to caution prospectiv investors against the wiles of too plausible solicitors. Remember the fate of the Empire Life, of which this proposition is an imitation in modified form. The wise man will think twice before investing his money in such an enterprise without obtaining definit information aside from that presented by its promoters.

* * *

The problem of making a living is always with us, and this involves, and always will involve, attention to bookkeeping and collecting—proper professional service is always assumed, that matter receiving no attention in this department.

The problem of storing up for the proverbial "rainy day" is ever before us, and after we have garnered we should be sure that the storehouse is secure. This involves avoiding wild-cat investments. It involves the study of safe investments. It should involve taking your banker into your confidence in regard to investments, just as he takes you into his confidence regarding health matters.

* * *

The Geiger-Jones Company.

Very soon after March WORLD appeared I received a letter from the above-mentioned firm such as to make a timid lad like myself tremble from head to feet. The occasion for the letter you will find in March "Business Talk," pages 97, 98. I replied to the letter as follows:

PHILADELPHIA, March 11, 1914.

The Geiger-Jones Co., 200 N. Market St., Canton, Ohio:

GENTLEMEN:—Your remarkable letter of March 7th at hand. It seems strange that I may not tell my readers what kind of securities in my judgment it would be best for them to either invest in or avoid. I have been doing that for many years; and I cannot understand why I may not continue that privilege in the interest, as I think, of my readers.

The question at issue is industrials not listed on the stock market as an investment for physicians. If you feel like saying anything on that subject to the readers of THE MEDICAL WORLD, I think I can spare space for you to say the same, if you will send copy very soon if intended for next (April) issue. If you elect to embrace this privilege, I may have something further to say upon the same subject.

Very sincerely yours,
C. F. TAYLOR.

The following reply arrives just in time for this issue:

The Geiger-Jones Co.

UNDERWRITERS OF INDUSTRIAL SECURITIES
200 NORTH MARKET STREET
CANTON, OHIO

March 13, 1914.

Mr. C. F. Taylor, Editor and Publisher "The Medical World," Philadelphia, Pa.:

DEAR SIR:—Your favor of the 11th inst. received in reply to what you term our "remarkable letter."

The feature which we wished to call to your special attention was the fact that you passed judgment upon an institution and its securities without having any sort of knowledge of the same, and you indicated a type of securities in your publication which you assumed was the type we were handling. We ask you, as a fair writer, to gain specific knowledge of our institution and the character of our securities. You have assumed a privilege of writing what you choose in your journal, but if you have an ambition to be a real advisor to your readers, our letter in place of appearing to you as a "remarkable letter" would appear as being a very sensible business letter and would indicate to you a line of action which ought to have been apparent to you before you wrote your first editorial.

Our position in the security market among those who know—namely, the manufacturers of Ohio, the investors of Ohio and the publishers of Ohio is well establisht, and complete information in regard to our history and operations for many years could be obtained very easily. The thing that we especially complain about is that you defined industrial propositions and then immediately apply it in such a way that the only inference that a reader could make was that it was your opinion that we handled this class of securities. You also referred to the fact that there were better houses than The Geiger-Jones Company. An expression of this kind can only be interpreted as an adverse criticism of our institution and without specific knowledge on your part it was not only an unfair thing to us, but it was an unfair opinion to give to your readers.

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On this one point alone we would very much like for you to follow the suggestion about getting intimate knowledge of us and of just what we are. Then as a fair man and as man to man point out to us what houses you consider better than we and what houses in the United States that can point to a record such as we have had—not a dollar of loss in either principal or interest to any of our clients in years. You refer to listed stocks. If you will kindly send us a list of say twenty stocks showing a better earning capacity, better protection for the principal and whose prices have varied less than the prices of our securities year after year, we will consider it a favor. Remember this is not on a small volume, as we are handling millions of dollars' worth of securities each year.

You evidently lack a knowledge of the industrial development in the state of Ohio and the security conditions in the state, and until you become familiar with this from the proper source you will agree with us that you are not competent to pass an opinion. In both of our letters we are assuming, of course, that it is your ambition to be a real advisor to your readers, and we wrote our original letter in that spirit and are writing this one in the same spirit. We still believe that it will not be necessary for us to take any other view of the matter. We still believe that you are big enough, broad enough and fair enough to do the things that we have indicated in our letters; namely, place yourself in a position to pass the right kind of judgment and then be big enough to acknowledge a mistaken position after having been convinced that you are mistaken.

It is our duty to counteract any damages that may be caused by an expression on your part which was made without due deliberation and proper knowledge. Whether the proper way to do this is through your own medium or through another medical journal will be a matter for future decision, but we wish to indicate to you definitly that we will not have this matter dismissed lightly. Yours very truly,

THE GEIGER-JONES COMPANY,
H. M. GEIGER, *President.*

Please note "Underwriters of industrial securities," printed at the head of their letter sheet—and note the word *"industrial."* This point, then, is fixt beyond argument; and this is the crux of the entire situation. Industrial securities are known the world over; and they are known to be speculativ in a high degree. There are some good, some bad, and some indifferent. I warn doctors against them because they have not the facilities for determining which ones are good and which ones are bad. Mr. Geiger intimates that those of Ohio are special in some way; and if so, it is surprising; but I cannot believe it. The firm, The Geiger-Jones Company, may be very discriminating in selecting the securities that they underwrite and promote, and so was the firm of J. Pierpont Morgan & Co. during the lifetime of that financial "Napoleon." And it underwrote the great United States Steel Corporation, thru which many investors have been ruined. We need a law holding underwriters *responsible* for their promotions. Nothing short of this is entirely fair to the patrons of underwriters, but such a law would perhaps stop the business of underwriting simply because it would place the responsibility where it belongs.

The Geiger-Jones Company employs salesmen to sell their securities. If a physician should invest in them and wish to realize on them in a few years, how could he do so? He cannot afford to employ traveling salesmen. Here is where the *listed* stocks have an advantage—they can always be sold on the stock exchange at their market price. But that price may be far from satisfactory; therefore doctors should avoid industrial stocks, listed or unlisted.

A house that makes a specialty of gilt-edge bonds is in a different class from one that makes a specialty of industrials. The former class of investments are the farthest possible remove from being speculativ in their nature, and the latter are highly speculativ. Houses that confine themselves to national, state and municipal bonds, and possibly the highest class of railroad bonds (and there are plenty of them) are certainly *different* from houses which specialize in industrial stocks. As to which class of houses is the highest class I will leave to each individual reader to decide. I advise my readers to avoid speculativ stocks, as I have advised them for many years past. Industrial stocks are speculativ; therefore I advise my readers to avoid industrial stocks. The same reasoning leads inevitably and necessarily to the avoidance of houses or firms that are "underwriters of industrial securities." Is that clear? And in so doing in what way do I go beyond my privileges and duties as an editor? I wish to be just to every person, firm and interest that my writings touch; and I wish to be serviceable to my readers. Absolute truth and accurate facts are always safe guides. These are what I endeavor to present.

THE MEDICAL MONTH.

Dr. E. C. Register, who has been editor of the well-known *Charlotte Medical Journal* for twenty-five years, was elected president of the Tristate Medical Society of the Carolinas and Virginia at a recent meeting.

It is probable that surgical clinics will be held next year in the immense auditorium which is to be a permanent monument of the Panama-Pacific International Exposition. The main hall will be used as the operating room, and visiting surgeons and physicians may witness the entire operation

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in all its details from the great gallery which encompasses the hall on three sides and which is capable of seating 6,000 persons. If the plans now under consideration are finally decided upon, a large glass case will be installed in the center of the main floor in which the operator, patient and assistants will be enabled to work under ideal sanitary conditions.

During the first year under the national insurance act nearly $65,000,000 was paid out in the British Isles in sick and maternity benefits, according to a report just issued, which is supplemented with figures on the number of persons insured. More than $51,000,000 was accounted for in England alone, divided as follows: To approved societies, for sick benefits, $24,513,000; for maternity benefits, $5,067,000. To deposit contributors, for the two benefits combined, $77,000. To insurance committee for medical and sanatorium benefits, $21,818,380. There is now on hand, exclusiv of balances in the hands of societies and committees, a fund of about $82,000,000 for future benefits and reserves. The number of insured persons in the British Isles is given as 13,759,000, of whom 10,846,700 are in England, 1,482,000 in Scotland, 720,000 in Wales and 700,700 in Ireland.

The United States Department of Agriculture has devised a trap to kill the maggots of the housefly. About 99% are destroyed by this trap. Details are given in the department's new bulletin, entitled: "The Migratory Habit of Housefly Larvæ as Indicating a Favorable Remedial Measure. An account of Progress." Physicians should write to the Department of Agriculture, at Washington, D. C., for a copy.

Dr. David V. Wale, of Carthage, Mo., died of pneumonia, February 17th, aged 68 years. He was a graduate of the Baptist College, at Garnetville, Ky. He graduated in medicin in 1875. Since 1894 he has devoted his attention exclusivly to eye, ear, nose and throat, and had a large practise.

New York Skin and Cancer Hospital announces a course of clinical lectures and demonstrations in the out-patient hall of the hospital on the following afternoons, at 4.15 o'clock: "Syphilis," by Dr. Bulkley—April 1st, primary lesions, genital and extragenital, innocent syphilis; April 8th, early manifestations of syphilis; April 15th, late manifestations of syphilis; April 22d, marital and hereditary syphilis; April 29th, treatment of syphilis. "Cancer," by Dr. William Seaman Bainbridge—April 30th, some practical phases of the cancer problem. The lectures will be illustrated by cases, models, colored plates, photografs, etc. The course will be free to the medical profession, on the presentation of their professional cards.

The American Society for the Control of Cancer will hold a special meeting on cancer at the New York Academy of Medicin, 17 West 43d Street, New York City, on Friday evening, April 10, 1914, at 8.30.

A home for convalescents of Philadelphia, to cost $1,000,000, is provided for in the will of the late W. H. Dunwoody, of Minneapolis, Minn.

The U. S. Bureau of Standards has received its secondary radium standard and now is prepared to make gamma ray determinations of quantities of radium in radium salts. For a schedule of fees charged, write the Director, U. S. Bureau of Standards, Washington, D. C.

Five children, three boys and two girls, were born at Taylorsville, Ky., February 12th, to Mrs. Bertha Drury, wife of a Spencer County farmer.

Jefferson Medical College, Philadelphia, has been given $80,000 by Mrs. Lucy Henderson, of New Castle, Pa., as a "Foundation" in her name for cancer research study. Radium will receive special attention.

Switzerland's first radium institute, at Geneva, has just been opened.

Dr. Roswell Park, the distinguisht surgeon, writer and teacher, of Buffalo, N. Y., died February 15th.

The recent poisoning of 50 guests at a wedding party at Cholet, a town in the Department of Maine et Loire, was due to a bacillus heretofore unknown to science, which Dr. Rappin, director of the Pasteur Institute at Nantes, France, announced he had succeeded in isolating. As a result of the poisoning eight persons died, and later there were other deaths from a mysterious cause in the town among people who had not attended the wedding. The new bacillus varies from one to five thousandths of a millimeter in length and is of a peculiar color. It had been named the "bacillus hypertoxicus." Dr. Rappin is continuing his investigation into the nature of the bacillus.

Sea View, one of the large hospitals of the world, was opened on Grymes Hill, Staten Island, New York harbor. It cost $3,500,000, will accommodate 1,000 patients, and is especially designed for treatment of tuberculosis sufferers.

Paterson, N. J., has just been given a block of ground by ex-Mayor Barnert for a large hospital. He will add $150,000 to help its erection.

The General Education Board, founded by John D. Rockefeller nine years ago, has given $1,500,000 to Johns Hopkins medical school, with the sole condition that the income be used to permit its professors to devote their entire time to their studies and classes. This is the first donation ever made by the board to a medical school, and the largest single donation the board has ever made to any institution of learning. In honor of the eminent pathologist whose work has long been identified with Johns Hopkins, it is to be called the William H. Welch Endowment for Clinical Education and Research.

The largest deal in radium ever made in England has just been concluded by the Radioactiv Oxygen Institute, which has purchast 2,000 milligrams, nearly one-third of the world's supply of radium, for $300,000. This represents practically the entire output of the two Paris laboratories which produce radium under the supervision of Madame Curie. The institute will lend radium freely to any British hospital needing it.

Dr. Behla, of Berlin, member of the Board of Health of Prussia, reporting on the mortality from tuberculosis and scrofula in infancy in Prussia, declared that while the general mortality from tuberculosis had decreast 50% since 1876, this had affected principally persons above the age of 15. The decrease in the age classes below 15 years had been inconsiderable. The mortality in child tuberculosis had remained almost the same.

A congress of students of radiology has just been holding sessions in Milan, and the therapeutic qualities of radium were widely discust, especially in regard to the cure or treatment of many affections of the skin, including cancer. The discussion

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on treatment of the latter was rendered more important by the recent alleged discoveries of some physicians attacht to the University of Munich and by the reports of two French doctors, Perthes and Monod. Interesting papers were read by Professor Bossi, of Milan; Dr. Gavazzoni, of Bergamo; Dr. Pasquale Tandoja, of Naples; and many other authorities on the subject. Professor Bortolotti, of Turin, read an important paper on the treatment by radium of diseases of women, showing that the Italian medical world is also studying keenly radiotherapeutics.

Dr. Kaufmann, of the German imperial insurance office, speaking before the International Tuberculosis Congress at Berlin, declared that 92% of the patients in sanatoria in 1912 showed such improvement that permanent disability in their cases was not to be feared. Of the patients successfully treated in these institutions in 1907, 57% were to-day still capable of earning their living.

The Committee for Prevention of Blindness, State of New York, is pushing an educational campaign against dangers of wood alcohol. This movement will rapidly spread over the country—as it should.

The University of California is assured a new $600,000 hospital, the subscription list having been completed before Christmas.

Secretary Daniels has selected Medical Inspector William C. Braisted to be surgeon-general of the navy, relieving Medical Director Charles F. Stokes, whose term of four years expired February 6th. Surgeon-General Stokes is relieved of his detail under Secretary Daniel's policy of making such appointments for one term of four years only in order to insure variation in service.

Trichinosis is now a reportable disease by resolution of New York's health board.

Dr. Wolfgang Ostwald, of the University of Leipzig, is giving a series of lectures at Cincinnati, Ohio, on colloid chemistry. The course is being given under the auspices of the Cincinnati section of the American Chemical Society and the Cincinnati Medical Research Society.

Philadelphia is working to endow the Foreigner's Hospital at Tokio, Japan, a link in the 'round-the-world group under English-speaking auspices.

The home of the training school for nurses of the Presbyterian Hospital, Chicago, Ill., erected at the cost of $365,000 as a memorial to the late Otho S. A. Sprague, was opened informally, December 31st. The building is a seven-story structure opposite the hospital and connected with it by a tunnel, and contains class rooms, demonstration rooms, laboratory, etc., and has accommodation for 160 nurses.

A $100,000 group of additional buildings for Germantown Hospital, Philadelphia, has just been made possible by the gifts of Mrs. W. G. Warden and Miss Gertrude Homer.

That monument to the philanthropy of American Jews, the National Hospital for Consumptivs, Denver, Col., is to have an additional medical building, the $350,000 gift of its president, Samuel Grabfelder, of Philadelphia.

Secretary McAdoo askt Congress, January 7th, to appropriate $47,000 for a pellagra hospital at Savannah, Ga. In a letter to Speaker Clark, Secretary McAdoo pointed out that pellagra had imposed great financial burdens on communities in which it prevails and that, while investigations of the disease have been systematically carried on at the marine hospital at Savannah for several years, no facilities existed for the conduct of metabolic and physico-chemical studies, considered necessary by the public health service, because of the suspicion of the association of the disease with diet and metabolism. Other cities, notably Madison, Fla., also ask for a national hospital of this kind. Dr. D. H. Yates, of Madison, has successfully treated 37 out of 41 serious cases by the newer electric measures.

The illustrious neurologist, Prof. E. C. Spitzka, Sr., died at New York, N. Y., January 14th.

Stimulated, no doubt, by the movement to nationalize the radium supply of the United States, the state authorities of Colorado are making a thoro study of minerals having or supposed to have radio-activity, and Russell D. George, State Geologist, asserts that every curativ mineral spring in Europe can be duplicated in that state. He says there are 15 springs in Colorado having radio-activity. His department has tested over 200 springs.

The American Gynecological Society announces its annual meeting, to be held at Boston, May 19th to 21st. Prof. Dr. W. Nagle, of Berlin, will deliver an address on "Operativ Treatment of Prolapse of the Vagina, and Results."

The injection of sugar into the veins of patients apparently dying from heart failure and exhaustion from various diseases, not only restores the heart action, but produces a remarkable improvement in the general condition. Such is the substance of a communication from Dr. Enriquez, of the Hospital de la Pitie, to the Academy of Medicin, at Paris. The results in many cases are said to have been almost miraculous and no ill effects were experienced.

The Chicago (Ill.) Medical Society will hold its third annual conference with the alienists and neurologists of the United States July 14th to 18th.

Stephen T. Lockwood, who ten years ago in an experimental plant in this city extracted the first radium in this country, telegrafed from Buffalo, January 27th, to Franklin D. Lane, Secretary of the Interior, an offer of a well-equipt plant for the public reduction of radium-bearing ores.

The search for radium-bearing ores in the Far West now is a craze with prospectors far exceeding that for gold. Newspaper publicity of a possible government-control law is the explanation.

A hospital for Indians, to cost $40,000, is to be built at Lawton, Okla.

Radium is produced at Sellersville, Pa., 35 miles from Philadelphia, the first shipment having been made from that place in February.

The Crocker Research Cancer Laboratory at Columbia University, New York City, has been completed and turned over to the commission, which will begin its work at once. The building is three stories and a basement in height and 100 by 35 feet.

The endowed courses of lectures in seven medical specialist societies in Philadelphia now are managed by the Rush Society that acts as a sort of clearing house to avoid overlapping of interests. The profession and the public in general are the gainers.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Treatment of Varicose Veins of the Legs With Modified Unna's Paste Boots.

EDITOR MEDICAL WORLD:—This treatment is applicable to all forms of varicose veins of the lower extremities, but only the milder forms can be cured permanently by its use. In these mild cases the treatment seems to restore the caliber of the veins sufficiently to enable the valves to again take up their normal function.

In advanced cases the patient is greatly benefited so long as these boots are worn, but there is a recurrence of the trouble as soon as the patient stops using this device.

Following operations for the removal of varicose veins this treatment is also useful. It is usually well for patients to wear these boots for from six to twelve weeks after operation; from three to six months in mild cases of varicose veins, and indefinitly for very severe cases or until an operation is performed.

Preparation of the Paste.

Take 10 parts of distilled water and add 4 parts by weight of the best sheet gelatin; permit this to soak over night, then heat over a water-bath and stir constantly until the gelatin is thoroly dissolved. Then add 10 parts of glycerin and stir while the mixture is still hot. Then add 4 parts of impalpable oxid of zinc powder and continue stirring. Apply this mixture while hot to the foot and leg with a large ordinary paint brush and take a two-inch gauze roller bandage and apply this over the mixture which has been painted over the extremity; then cover this bandage with more of the mixture and apply a second bandage, and then apply a third bandage, and a fourth, being careful always to cover these bandages thoroly with this mixture, also being careful to apply these bandages very smoothly so that no wrinkles form, which would give rise to great discomfort. It is important not to apply the bandages too tightly. The last gauze bandage is applied without being covered with any of the paste, in order to keep the latter from soiling the bedclothes. Each dressing may be worn for a period of 6 or 8 weeks.

This method was introduced many years ago by my brother, Dr. E. H. Ochsner.

A. J. OCHSNER.
2106 Sedgwick St., Chicago, Ill.

Enuresis.—Gastric Catarrh.

EDITOR MEDICAL WORLD:—For benefit of Dr. Hawkins, I want to give him my treatment for enuresis.

Treatment of Enuresis.

Urge plenty of water (sipping it) during the day—one glass at least one hour before meals. No water after 6 p. m. To soothe the irritable bladder I use tincture of belladonna, 15 drops to the ounce of saw palmetto comp. (made by National Drug Co., of Phila.; No. 1 formula). A teaspoonful of this in little water every 3 hours until relieved; then less often.

This treatment has proved very satisfactory in many cases. I have seen adults who have had this trouble for years get permanent relief from this remedy. It acts very satisfactorily for elderly men with enlarged prostate also, given in same dose same way. Correct all other ills or bad habits in patients, of course, and your remedy will have much better effect.

Chronic Gastric Catarrh.

For Dr. Milbrandt. It is late, Doctor, to give you advice for your stomach, but if you have continued the treatment you described for your stomach it is not well yet.

1st. I want to tell you you do not have ulcers of stomach, if you gave your symptoms correctly, but you have some form of chronic gastric catarrh.

2d. Do not forget, for yourself and patients as well, you cannot substitute medicin for right living.

Treatment.

Sip a glass of cider (not too hard) ½ hour before meals.

Now take toast bread or crisp crackers and limburger cheese—*chew to* LIQUID BEFORE *swallowing.*

Let this be your diet until you are well.

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Results will be o. k. I would like a report from you by personal letter or thru THE WORLD. DR. W. H. ROTE.

Williamsport, Pa.

Dicrotalin: Pharmacology, Physiologic Action, and Therapeutics.

EDITOR MEDICAL WORLD:—In view of the great interest evinced by the profession in venom therapy, the writer desires to present, in a succinct form, some of the salient features of its constituency, nature, and use.

While quoting excerpts from writings of several, who were investigators and did splendid research work with the venoms of various snakes, we make particular reference to the venom of the rattlesnakes, with clinical report of a case of epilepsy.

Dicrotalin consists of the two chief constituents of rattlesnake venom, neurotoxin and hemorrhagin, purified and properly tested to determin its freedom from bacteria, the prefix "di" signifying two. A physiologic test is made on small animals.

These separable substances exist in venom in conjunction with a number of other constituents. The former acts on nerve centers and nerve tissue; the latter as a hemolytic thru its activ principle, lecithin.

Fresh venom is a viscid, yellow, albuminous fluid. Specific gravity, 1030 to 1070.

Litmus reaction, acid; has an acrid, bitter taste, benumbing the tongue, and the aqueous solution has an opalescent tint, with a whitish precipitate of protein-like substances, globulins, mucins, epithelial cells or their *débris*.

Crotalus venom dries quickly *en masse* at low temperature, breaks into small, translucent, yellow particles, which are soluble in both water and glycerin, insoluble in alcohol and ether. The crystalline product readily absorbs moisture and becomes adhesiv. The particles hold their toxicity indefinitly, one sample carrying twenty-three years.

Qualitativ analysis by Mitchell and Reichert, later confirmed by many others, shows:

1. Albuminoid body (crotalin), not coagulable by heat at 100° C.
2. Albuminoid compound, coagulable by heat at 100° C.
3. Coloring matter and undetermined substance, both soluble in alcohol.
4. Trace of fatty matter.
5. Salts (chlorids and phosfates), soluble.

Calcium chlorid is the principal activating salt of venom.

Chemical nature (Noguchi, Flexner): "Venom is composed of proteins, carbohydrates, salts, water and certain occasional admixture of abraded epithelial cells, saprophytic micro-organisms. The proteids are 50% to 70%, and vary with species and individuals; the quantity of fats and mucins is small, the balance being water and the salts, chlorid and phosfate of calcium, magnesium and ammonium."

"There are two classes of proteins, globulins and peptones." (Noguchi, Mitchell and Reichert.)

Thoro dialysis gives a whitish precipitate, by filtrate found to be of the globulin group. The filtrate contained protein in solution, as shown by reaction, not coagulated, but precipitated by pure alcohol, and is then dialyzable; hence peptones.

"Venom may act something like some organic extracts in bringing the zymogenic forces of fibrin ferment (protothrombin or thrombogen), into an activ state, altho no definit processes are yet known; this does not exclude the possibility that venom contains a veritable fibrin ferment." (Noc, Noguchi.)

Venom Becomes Inert.

"Snake venom in watery or weak saline solution undergoes putrefactiv decomposition, thru multiplication of some bacteria. The toxic properties disappear from such decomposed solutions." (Noguchi, Flexner, Stewart.)

"Prolonged boiling coagulates peptone and renders it inert and the proteins precipitated by the boiling are non-poisonous." (*Ibid.*)

Continued cold has an effect on venom, causing a precipitate, which becomes soluble on warming with toxicity not impaired.

Sunlight exposure deteriorates venom.

Fermentativ action on venom to destroy its toxic power is due to the proteolytic ferments of the digestiv tract, as has been shown by the action of a gastric solution from the stomach of a pig. "In the presence of 8% hydrochloric acid pepsin destroyed within forty-eight hours all hemorrhagic and hemolytic principles of water moccasin, cobra, copperhead, crotalus adamanteus; whereas the hemorrhagins are destroyed by the acid alone." (Noguchi.)

"The hemolytic substances were only destroyed after the pepsin digestion, but not by the acid alone." (*Ibid.*)

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"A slight loss of the neurotoxin property was also observed."

"Tryptic digestion of all venoms was far stronger and destroyed the toxic properties of the neurotoxic, hemolytic, and hemorrhagic constituents." (Noguchi and Flexner.)

"Hemorrhagic principles are destroyed by acids, but not by alkalies. They are non-dialyzable, non-soluble in alcohol, and are destroyed by gastric or pancreatic ferments in the intestinal canal." (*Ibid.*)

"Venom heated to 80° C. loses all its hemorrhagic properties, without losing its neurotoxic properties, which go out at a temperature of from 120° to 135° C. These thermostable tests have been confirmed by later authorities." (Mitchell, Reichert and Noguchi.)

Activation.

"The hemolytic principle of venom is inactiv applied to dried venom; hence requires a second substance to manifest its solvent property upon the blood corpuscle." (Noguchi and Flexner.)

"1. Venom contains principles which are agglutinating and dissolving for leucocytes.

"2. The agglutinating principles may be identical for both the red and white cells.

"3. The dissolving principles for leucocytes are distinct from those of erythrocytes.

"4. In order that venomized solution of corpuscles may occur, a complement-containing fluid is required."

"Venom by its action exhibits the presence of four ferment substances, fibrin, proteolytic, diastatic, and lipolytic." (Noguchi.)

Venom Principles.

The toxic principles of venom are neurotoxins and hemorrhagins, the hemolytic principle of the latter being lecithin. The former has a specific destructiv action upon the nervous system, it being the deadly toxin; the fibrin ferment and the hemorrhagins may produce death. This in contradistinction from the venom of the viperidæ and certain of the columbridæ, whose toxic principles are the blood-clotting ferment and the hemorrhagins, the neurotoxin being subordinate.

The neurotoxins are grouped as albuminoses, proteins and peptones.

"By centrifugation, with an aqueous solution and a solution of chloroform and lecithin, the principles of the hemorrhagins and those of the neurotoxins were completely separated." (Noguchi *et al.*)

The hemolytic effects produced by venom are due to the action of the globulins, but the edematous effects are produced by the dialyzable, peptone-like, proteid fraction. "We look upon hemorrhagin, therefore, in the light of a cytolysin for endothelial cells of blood vessels, the destruction of which is the direct cause of the escape of the blood into the surrounding structure." (Noguchi.)

Physical Changes of the Blood.

"The erythrocytes first lose their biconcavity, and become spherical without parting with their pigments; they also exhibit great adhesivness, arranging themselves into agglutinations of various sizes and shapes. The corpuscles forming these groups sometimes seem to fuse, so that their individual outlines cannot be discerned; this action is called venom agglutination. This passes away in a short time and the corpuscles assume their spherical form."

"The ameboid movements of the leucocytes are seen to be greatly suspended in venom solution." (Noguchi, Mitchell and Reichert.)

Coagulability.

"Tests on animals and fowls by Mitchell and others demonstrates the fact that to a greater or less degree the blood lost its coagulability after an injection of venom." (*Ibid.*)

"When the quantity of the venom (by bite or injection) fails to effect an intravascular coagulation there is always a phase of increast coagulability which lasts but a few minutes, only to be followed by another phase of abnormally diminisht coagulability." (Mitchell and Reichert, Noguchi.)

"A small quantity injected producing an increast fluidity of the blood, the coagulability will not be increast by injecting a much larger amount." (Martin, Lamb, Noguchi.)

The increast fluidity of the blood after the bites of venomous snakes has long been known. [Fontana (1787), Brainard (1854), S. Weir Mitchell (1861), Foekistow of Germany (1888), Halford of Australia, Flexner and Noguchi.] "The coagulability of the blood was not lost in the case where the victim of a rattlesnake bite died in nine hours, but was completely lost in another case wherein death occurred in eighteen hours." (Mitchell.)

"Autopsies show in some cases congestion of the pia, with fluid blood; foaming

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mucous secretions, with bloody tint in trachea and lungs" (Mitchell). "In pigeons, with one drop of crotalus venom in the pectoral muscle, the coagulability was reduced or completely lost where death was delayed, and when death followed the injection instantly the blood was firmly coagulated" (*ibid.*).

With the injection of a large amount "the blood coagulates firmly or extensiv thrombosis exists in the large veins or in the pulmonary artery." Serous cavities contained "laked blood" in varying quantities; the coagulability disappeared, and it remained fluid for some time or permanently." (*Ibid.*)

As to the mechanism of the coagulating action of venom, Noc is inclined to consider it to be a part of the activation of the plasmas (fibrin ferments), whose zymogenic force is made activ.

Blood Pressure and Pulse.

In dogs and rabbits intravenous injections of crotalus cause a rapid fall of blood pressure, but the frequency and size of the pulse remain unaffected. "The fall of blood pressure is not due to the paralysis of the vasomotor center, because the pressure rises again in the later stage when the artificial respiration is suspended."

"The maintenance of the size of the pulse and its uniformity in spite of the reduced blood pressure seems to exclude the possible occurrence of paretic state in the peripheral vessels." "The sinking of the blood pressure is better accounted for by the direct weakening of cardiac activity." (Noguchi.)

The foregoing data establishes the facts that dicrotalin has two specific actions on the system of the patient, in limited dose producing a shock more or less profound to nerve centers and acting on the blood, diminishing its coagulability. These two actions predicate a changed metabolism and an improvement of the patient's condition. The first change noticed is an improved mental condition; later a lessening of the number and severity of the seizures. Any systemic showing is due to reflexes, arising usually from a gastric condition or sluggish portal circulation. These conditions seldom arise when the injection is preceded within a forty-eight-hour interval by free cholagog catharsis and it is usually advisable to maintain a like laxativ treatment thruout the administration of the preparation.

The drug is a strong vasomotor check, nerve sedativ and hemolytic. It is indicated in all serious nervous conditions, as chorea, bronchial asthma, epilepsy, and in many cases of mania. Its field is constantly extending as its therapeutic value is recognized and trials made of new conditions, all of nervous origin. As to the technic, the injections are made deeply intramuscularly in selected sites, preferably the back of the arm, forearm and in the clavicular space.

The time interval ranges from four to seven days, or longer, as the patient's condition indicates; usually a shorter time elapses between injections in the treatment of mania. The erythema, cellulitis and pain accompanying the injections generally need no treatment, tho nothing is contra-indicated for the pain. Elevating the arm relieves the pain and lessens the degree of cellulitis.

Normal conditions obtain in from five to twelve days, when the injection may be repeated, with either the same or a larger dose. There is absolutely no danger in the use of a proper dose. The drug is non-cumulativ and non-toxic in proper dose and with proper technic, and is practically inert internally. The eosinophilia, if any, induced by the use of this remedy is of limited ratio or percentage and is not an untoward indication in regulating the size of the dose. If error has prevailed in the use of crotalin, with failure to secure good results, it was more in the selection of the particular preparation used than in the technic of its use.

A Case of Epilepsy.

Patient, male, aged 48; occupation, compositor. Family history, negativ. Personal history, when aged 17 years, walking on railway, fell, striking head on rail, and two months afterward seizures commenced. Diagnosis, epilepsy. Character of attacks, nocturnal, grand mal type; did not waken during attack. These occurred five to nine each week for the four months preceding my attention, and covering the period from his seventeenth year to that date there had never been an interval of a month's duration wherein the patient had not had seizures.

The previous treatments including all kinds of medication, both with regular practicians and specialists, availed naught, and the disease continued progressiv and the patient grew worse. Was on treatment in two local sanitariums in Indianapolis, but left both unimproved.

First injection of dicrotalin, 1/200 grain, May 1, 1913. Decided reaction. Had one attack in the ten days following. Second dose, 1/200 grain, May 7, 1913. Reaction not quite so markt. With exception of attack mentioned above, patient had no seizure for three months, then a very slight one almost unnoticed. Third dose, 1/150 grain, May 12, 1913. Good reaction, but patient nervous and morose, with severe gastric disturbance. Was treated for this condition and relieved in forty-eight hours. Fourth dose, 1/100 grain, May 18.

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1913. Severe reaction, reported good sleep and better ability to handle work. Brightened mentality; confidence establisht in treatment. Other doses following were given on the six-day interval for two months, then bi-weekly and later once a month.

The general results of this treatment were the seizures absolutely ceast in October, 1913, the last being a momentary, almost unnoticed twitch. The general health has greatly improved and there has been a gain in weight of thirty-eight pounds.

A very aggravating, persistent cough that did not yield to any treatment has passed. The patient enjoys restored confidence in himself; his ability to work regularly and the "dread" is gone from his life. He is regularly employed, loses no time, is happy and contented at work and in his home relations. This case is cured.

A. A. HOLLINGSWORTH.
3916 E. Washington St., Indianapolis, Ind.

Status of the Negro in Medicin.

EDITOR MEDICAL WORLD:—As a reader of your valuable journal I wish to say something of the letter in the February WORLD about the Negro physician and surgeon.

1. The writer asks how is the Negro physician and surgeon succeeding professionally; that is, is he curing his patients?

2. What is the Negro doctor doing financially?

3. How do the Negro applicants for medical license before the various state boards compare with white applicants?

4. "I notice," says the writer, "in some places they seams to be makeing more money than the white physicians." This he regards as a menace and asks you to tell him in "the nex No of the WORLD what is the best thing we can do to keep him down?"

Ignoring the spirit displayed under heading 4, which would exclude the inquirer from the information sought on the ground of impure motivs, I will attempt to answer in detail his inquiries.

I.

Professionally, the Negro doctor is a success. He has a reasonable grasp on the principles of medicin and surgery and is able to apply those principles to the healing of the sick and the prevention of disease.

Comparativ statistics show that the mortality rate in hospitals conducted by Negro physicians is not excessivly high, and the percentage of cures is up to the average. I am familiar with the workings of two large colored hospitals, the George W. Hubbard Hospital, in Nashville, and Andrew Memorial, in Tuskegee. I have known long series of major operations in these hospitals without a death. I have reliable information that the same is true of the Frederick Douglass and Mercy hospitals in Philadelphia; Freedman's Hospital, Washington, D. C.; Lincoln Hospital, Durham, N. C.; Fair Haven Infirmary, Atlanta, Ga., and Leonard Hospital, in Raleigh, N. C., to say nothing of the numerous private hospitals and infirmaries run by colored men.

The colored physicians are liked by their clientele and are usually on good terms with each other and with the white physicians.

There are state societies in New England, New Jersey, Pennsylvania, Ohio, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Tennessee, Kentucky, Missouri, Arkansas, Texas, Louisiana and Oklahoma.

There is a Tristate Society, including Georgia, Florida and Alabama. There were more than twenty states represented in the last annual session of the National Medical Association. There are local societies in all the cities and large towns of the country that have a numerous population—Baltimore, Md.; Washington, D. C.; Philadelphia, New York City, Boston, Chicago, Kansas City, Mo.; Dallas, Tex.; Nashville, Tenn., etc. The ability displayed in some of these society meetings I am sure would astound some people who claim to "know all about the Negro" and yet never attend his lodges, churches or societies. On the rosters of these societies you will find alumni of the best medical colleges of this country.

There have been fifteen presidents of the National Medical Association. In addition to the leading Negro medical colleges—Meharry, Howard and Leonard—Harvard, Yale, Long Island, Western Reserve, University of Pennsylvania and Ann Arbor are represented in this brief list. Some of these men have had the advantage of foreign travel and study.

Emphatically, and without exaggeration, the Negro doctor has made good professionally; good for his people, his country and himself.

II.

When the rewards become the dominating object of professional pursuits degeneration sets in and a calling becomes a trade. Nevertheless, the permanent welfare of a profession demands that those who honestly and efficiently perform its duties should be able to answer without embarrassment the elemental but insistent questions: "What shall I eat? And what shall I drink? And wherewithal shall I be

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clothed?" In this country continued extreme poverty in any vocation must be accepted as an indication of incapacity. The converse is also true. A man that accumulates wealth must be conceded a measure of capacity—a capacity that must not be overvalued, however; for no virtue more easily becomes a vice than the power to accumulate wealth.

The colored doctor has met the financial test. The average income among us is up to or a little above the general average; we are seldom represented in the extremes either up or down. The humblest usually make a living, and eventually gather a modest competence, while the more fortunate and able occasionally become comparativly wealthy. Among us there is no exception to a lamentable fact of civilization, viz., the brainiest and most useful often remain poor, because of their kindnesses and sacrifices, while the less able but more selfish frequently grow rich. I beg to assure your correspondent that there is no danger of the Negro doctors cornering the wealth of the nation.

III.

How do the colored and white applicants for medical license compare? This is a difficult and dangerous question to answer, for from time immemorial comparisons have been odious. Prejudice takes some queer turns, and life reveals some unexpected compensations. Nature is hard to cheat and meanness seldom proves a permanently valuable asset to an individual or race. The writer, while a post-graduate student in a great American city, joined with three of his fellow-students [white, we suppose] to make a class of four to employ a special demonstrator for certain operations. A consciousness of superiority led them to form a secret compact by which I should come last, which was really the best place, for I had the advantage of the teacher's repeated demonstrations and of their errors. I good-naturedly accepted the place assigned me, but inwardly resolved to make the best of it. This I did, being the only one of the four to do the operation successfully at the first trial. They were kind enuf and blind enuf to attribute it to my superior ability. This happily broke up further snobbishness in the class.

The state boards have not been guilty of any culpable leniency to Negro applicants; consequently, if there be any pronounced difference in the qualification of the applicants it fails to appear in the accepted product. The licensed Negro doctors have met the same test as licensed white doctors, and things being equal to the same thing equal each other. The average Negro doctor is certainly as efficient with his people as the average white doctor is with his.

IV.

Your correspondent asks "What is the best thing we can do to keep him down?" As I said at the start, the spirit of this interrogatory would properly exclude the inquirer from the information sought, on the ground of impure motivs. But envy and malice are but perversions of the virtue of self-preservation. I therefore ignore the manifest unkindness and seek to give my neighbor light.

Creed is greater than color, and brain is more potent than brawn. The real differences in races and individuals are intellectual, rather than physical. The ignorant and vicious white man is close kin to the ignorant and vicious Negro; and all who love the truth and seek the right, regardless of kindred, tribe or tongue, shall eventually be numbered with the elect, both here and hereafter. So it was in the beginning, is now and ever shall be, Amen. So have believed the great and wise of every age and every clime. Liberty is for all or for none. Civilization will never triumph until all men desire freedom for all men. In the words of Burns—

> Then let us pray that come it may,—
> As come it will for a' that;
> That truth and worth o'er a' the earth
> Shall bear the gree and a' that.

C. V. ROMAN, M.D.
1303 Church St., Nashville, Tenn.

Giving Credit Where Credit is Due.

MY DEAR DR. TAYLOR:—I have been in private practise 13½ years. Thirteen and one-half years I have been a member of the great WORLD "family." I write to compliment you upon the manner in which you have dealt with the inquiry of the Southern doctor who is so anxious to know what the colored doctor is doing, and the best means of keeping him down. My practise is in a community where there are no colored physicians except myself. The white physicians here have been as ethical to me as one could desire. They readily and willingly assist me at any time I call them. The Southern doctor in question represents a very small minority of the Southern white physicians. I have not lost any sleep over what the Southern brother said. Simply regard it as one of the many obstacles which are constantly being thrown in the way of the man of color when he attempts to rise. You are indeed a fair, broad-minded physician. This is

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not the first time you have shown a spirit to deal squarely with all men regardless of race.

Some years ago a white physician read a paper before a medical society on the treatment of tuberculosis with mercury, in which he claimed to be the originator of the mercurial treatment. The paper was publisht in THE WORLD. It afterward developt that Dr. Shadd, a colored physician, of Washington, D. C., had been using mercury for several years in treating tuberculosis with good results. It seemed as far as the history of the treatment was concerned he was the first to institute such treatment in that disease. You very readily corrected the error, and commented upon it in a manly way, which has from that day until now caused me to look upon you as being a great and good man.

Yes, Dr. Taylor, you have a number of colored subscribers to THE MEDICAL WORLD who love you because you are fair in your dealing. May you have a happy and long life is the wish I entertain for you. E. T. CONNOR, M.D.

Clifton Forge, Va.

[I did not know until the above letter arrived that Dr. Shadd was colored. But if I had known, of course it would not have made any difference. Science knows not color, race nor sex.—C. F. T.]

Treatment Accorded Internes in Hospitals.

EDITOR MEDICAL WORLD:—No one can dispute the value of an interneship to a graduate in medicin. It takes off the rough edges, so to speak, of a beginner in the practise of medicin.

The object of these lines is to point out the treatment the interne gets in most of the hospitals.

Should anyone desire to verify some of the facts mentioned here, the writer will gladly furnish the names of the institutions referred to. At the outset the writer wishes to ask a simple question: Why is it that the average interne is treated like an errand boy?

In the large hospitals he is obliged to wheel carts for the attending man. In the smaller institutions he has to do janitor work. Surely an interne does not enter a hospital to take away a janitor's job.

The writer is not going to mention anything that he has not observed, and not only in one, but in several hospitals.

The worst room in a hospital is generally given to the interne; in some hospitals the basement is the interne's headquarters. The worst has not been mentioned, namely, that in most of the hospitals the nurses have more to say than the interne.

Why a nurse, who has had a six months' correspondence course, should have more to say than an interne, who has had four years' training in a medical school, besides the high-school course, which the average nurse has not had, should attempt to tell an interne how to treat a wound, is more than I can understand.

The most amusing part of this tragic comedy is that in case the interne should register a kick to the superintendent, he gets no redress.

In one instance the internes combined and went out on strike; in other words, they protested against having nurses dictate to them what to do. But, I am sorry to say, their places were filled by men who ought to have known better.

In the small hospitals an interne will prescribe something for a patient, but the nurse, who always knows more, usually reverses the order. In one instance the superintendent said it was not necessary to give the medicin prescribed, because she wanted to show her authority. It may be interesting to know that clean linen is scarce in most of the hospitals, altho it costs only two cents to have a towel cleaned.

According to the definition, an interne, is a resident physician in a hospital; but if the nurses and superintendents know more about medicin than the physician, what on earth is an interne in a hospital for? Just imagin the interne making his rounds and prescribing for the patient while the nurse ignores the order, thus showing her superior knowledge. What effect can such procedure have on the patient? The laity has been accustomed to look upon the physician as the commanding officer, but when ignorant nurses attempt to prescribe, what future is there for the practise of medicin?

It is high time that some means should be taken to remedy the deplorable conditions prevalent at present in most of the hospitals.

One way to improve conditions for the internes would be to have the schools furnish interneships to its graduates, thus making the management responsible to the school.

At present the average graduate is obliged to go out hunting for an interneship. In the large hospitals, unless one has some influence, it is almost impossible to secure an interneship. It is true that a competitiv examination is held for all those who are willing to take part in the test, but it is an open secret that the staff picks the internes beforehand, regardless of the examination.

At present the tendency is toward raising the standard of medical education. Something should also be done to raise the standard of treatment of the internes in the hospitals. When the schools will furnish interneships to its students, then, and then only, will the interne get a square deal. S. OCHS, M.D.

Chicago, Ill.

[We will have to take issue with the writer of the above communication on his statistics. We think he is wrong in saying that these things occur in "most" hospitals. We do not doubt his word, however, that it is true in some. It is no credit to a hospital to have nurses dictating to physicians. We know of one instance where the head nurse bossed the members of the staff for a while, but a united remonstrance by the staff removed the head nurse. During the time that this nurse was in the hospital the nurse department was in an erratic state and no patient would go there a second time.

We do not believe that a strike by the internes would settle the matter at all favorably. Where matters are unsatisfactory we feel certain the hospital staff will listen to any complaint by the residents, which should be made in a gentle but open manner. We know that in a few instances internes themselves have been at fault and caused their own discharge by their conduct.

A little knowledge sometimes leads to much arrogance. This may be true of both nurse and interne. Becoming modesty is the best thing for both. A nurse, if properly trained, should know her place and accordingly fill it.—ED.]

Tincture of myrrh is a pleasant and efficient remedy when used locally in spongy and bleeding gums, even if caused by salivation.

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[Our old policy of "No long articles" is apparently violated in this issue by the admission of the following article by Mr. Truax, covering several pages. And it comes from a layman! But read the article and see if its quality and its importance do not justify its length. Mr. Truax writes me that his father was a dispensing physician, and that he "grew up" in a drug store, so he has "lived close to" the question all his life. Much has been written on the right of the physician to dispense his remedies and the propriety of his doing so, but no one has before done the question to a finish as Mr. Truax has done. This article alone is worth the price of THE WORLD for several years to any physician who appreciates the ancient privilege of the medical profession to administer or dispense remedies to the sick. This privilege is now being questioned, challenged and threatened. You will need a defense. You will find it in this article. Be sure to mark it for reference, and show it to your neighbors.—ED.]

Physicians Should Dispense the Medicins They Prescribe.*

EDITOR MEDICAL WORLD:—An efficient prescription is a tangible asset. If delivered to a patient it becomes an asset for some druggist. If dispenst by the physician it remains an asset for him.

Druggists, naturally, are interested in securing prescription assets. Why druggists assume ownership over prescriptions is not clear unless it be that they need the money.

Owing to professional rather than commercial instinct, physicians often overlook ways and means of enlarging their incomes and fall victims to systems which deprive them of a large part of rightful revenue.

Before the development of modern pharmaceutic houses dispensing of medicins was a serious problem. Physicians originally were their own pharmacists. Mixing, subdividing, and folding powders, working a mass into pills, mixing boluses and other preparations then involved much labor. The busy physician required a helper. As a result the apothecary specialized from medicin. Many physicians then wrote prescriptions, written orders to be filled by apothecary specialists who confined their work to compounding and furnishing drugs and medical requisits.

With few exceptions to-day the pharmacies have deteriorated into variety stores—stores where everything from ice cream and paints to cigars and fancy goods are intermixt with drugs and pharmaceuticals.

Many clerks in these so-called drug stores, hence, lack the experience, knowledge and moral qualities essential to a calling in which health and life continually are at stake. Not only this; druggists have gradually usurpt the functions of the physician. Therefore, instead of being coworkers with physicians, most druggists are actually competitors of physicians. These and allied conditions have forced the majority of physicians to dispense medicins wholly or in part.

Prescribing physicians write formulas for medicins and instructions for administration. These at times are hurriedly and imperfectly written and often imperfectly carried into effect, thereby risking health and lives of patients and the physicians' reputations.

*Read before the Chicago Medical Society, February 25, 1914.

Many reasons exist why physicians should not write prescriptions and only one logical one why they should. The chief element of danger in writing prescriptions is the possibility of failure to execute the physician's intent.

Failure in Executing the Intent of the Physician.

These failures may take many forms, such as
(*a*) Errors in writing.
(*b*) Errors in reading and filling.
(*c*) Substitution.
(*d*) Crippling by short weights or omissions.
(*e*) Use of deteriorated and inert ingredients.
(*f*) Errors in copying directions.

Errors in Writing Prescriptions.

Errors in writing prescriptions require but little consideration. Medical terms, symbols and directions are not always written plainly.

Prescriptions are sometimes written for incompatibles, for compounds incorrectly proportioned, or directions given for over or under doses. Errors in symbols denoting quantities are more common. These are a source of some trouble to druggists. The latter do not care to acknowledge their inability to read correctly any prescription a physician may write. Consequently, without consulting the physician, druggists frequently guess at the former's intentions, with the result that patients and physicians alike run risks.

If, as druggists claim, physicians make many errors in writing prescriptions, this by itself is sufficient reason for discontinuing the practise, since such errors cannot occur in dispensing.

Errors in Reading and Filling Prescriptions.

Frequent mistakes occur in reading and filling prescriptions. That human lives are annually sacrificed to the prescription-writing system is continually in evidence in the daily press. Only a small percentage of such mistakes, however, become public or result in death or serious impairment.

If prescriptions must be written, experts only should fill them—clerks whose time and attention are given to nothing but prescriptions.

If prescriptions be put up in stores where miscellaneous goods are for sale, such stores should have a special department where clerks should be forbidden by law to participate in any work but such as pertains to the prescription or drug department.

Substitution.

The next dangerous evil in the filling of prescriptions is *substitution.*

The drugs prescribed may be expensiv; similar but cheaper drugs may be substituted. The strength of a certain make of tincture is known to the physician and therefore specified by him. Unknown to the physician, the prescription clerk substitutes another make of tincture, which may have different effect.

Efforts to detect substitution invariably show that it is practised on a large scale.

A few years ago in this city [Chicago] 139 prescriptions for a well-known drug were filled by as many druggists. . One hundred and eight (108) of those druggists used what at the time was said to be worthless substitutes. About three years ago the New York *World* made an extensiv investigation to determin the extent of substitution in that city. Over 300 prescriptions filled by big and little pharmacies were analyzed by

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noted chemists and fully 50% were found to be positivly harmful or worthless.

The prescriptions were carefully chosen by experts. The analytic tests were fairly and scientifically made. Adulterations and substitutions, ignorance, carelessness, dishonesty and cupidity were shown to be important factors in the wrong filling of prescriptions. These included water substituted for a heart stimulant, colored mixtures for well-known drugs, and heavy overdoses of digitalis and other powerful drugs.

A review of the testimony shows that every possible form of fraud and cheat was perpetrated in the filling of these prescriptions. Because physicians cannot control the filling of their prescriptions the conditions here shown are sufficient to condemn the system.

Dr. Oscar Dowling, president of the Louisiana State Board of Health, under date of February 22, 1914, writes that a test was recently made in New Orleans to determin to what extent substitution was practised in filling prescriptions. Prescriptions, each calling for 2 grains of boric acid in 2 ounces of distilled water, were filled by 68 druggists. Of these, 20 only were found correct, both as to distilled water and weight, some allowance being made as to weight. Sixteen were correct as to weight, but distilled water was not used. Seven were correct as to distilled water, but incorrect as to weight. Twenty-five, or 36%, were incorrect both as to the use of distilled water and weight, even when fair allowance was given on the weight.

The smallest amount of boric acid used in filling these prescriptions was ¾ of a grain, and the two largest amounts were 29 and 33 grains each to the 2 ounces.

Notwithstanding a mass of like testimony, druggists still claim that their stores are the only safe places to get prescriptions correctly filled, and that if physicians be permitted to dispense medicins, the health and lives of their patients are in great danger.

Crippling of Prescriptions by Short Weights and Omissions.

When expensiv drugs are prescribed, short weight is sometimes given or a prescribed drug not in stock is omitted.

I am not charging druggists generally with dishonesty or incompetency. Presumably, there is as much competency and as much incompetency, as many honest and as many dishonest men, among druggists and prescription clerks as in other vocations. Here the misfortune is that dishonest, incompetent, and careless druggists jeopard the health and lives of the physicians' patients.

If druggists will purge their ranks of all who cannot stand investigation, much will be accomplisht toward re-establishing a confidence that, if not lost, has been badly shattered.

Many Drugs Inert and Others Suffer Deterioration.

Many drugs suffer deterioration after the container is opened. Nevertheless, the contents generally are used until consumed. Pharmaceuticals covering almost the entire field are manufactured from raw material, more or less inert. Many are deficient in activ principles, below standard; yet all are consumed.

Errors in transcribing the written directions of physicians constitute also a dangerous element.

Dispensing Secures Greater Efficiency.

Dispensing by the physician secures for him the maximum degree of efficiency. Suggestion accompanied by a potent medicin is a powerful factor in morbid states.

Physicians have always dispenst more or less. Physicians, even if deficient in medical education, do less damage by dispensing than by writing prescriptions. However ignorant such physicians, however little they know of therapeutics, they are not likely to dispense medicins in poisonous doses. On the other hand, they easily make serious mistakes in writing prescriptions. They will not keep drugs or chemicals for any other purpose than administration to patients. Accidental substitution of other chemicals is hence impossible.

It must also be remembered that with few exceptions dispensing physicians carry in stock medicins in prepared doses ready for administration.

Deterioration in a package of medicin from which a physician is dispensing is soon discovered and the package discarded. The physician can note the action of the medicin from that particular package; the druggist cannot, even if interested, which he naturally is not.

Occasionally the prescribing physician will say: "I don't take any chances. I carry my own sedativs, narcotics, heart stimulants and similar remedies and administer them myself." This is helpful as far as it goes, but such a physician is inconsistent. If his druggist cannot be intrusted to fill prescriptions for a particular class of remedies, ought the physician to intrust the druggist with prescriptions of any class?

Prescribing Lessens the Confidence of Physicians.

Absolute confidence in any employed medicin is essential to a successful practise. Dependence on medicins from the average drug store is a weak crutch with which to sustain a patient. Where is the prescribing physician who has not an acute case requiring a sedativ like aconite, belladonna or veratrum? A prescription written at one call is filled by some druggist. On a later visit the physician finds conditions unchanged or more acute. Evidently the medicin prescribed has not had the expected result, and, naturally, he asks himself: "Was my diagnosis correct?" "Was the proper remedy selected?" "Was the dosage sufficient or was error made in filling the prescription?" Most physicians who have written prescriptions in such cases have had this experience.

A prescription for a drug of known specific action may be filled to-day by one druggist, to-morrow by another, and the next day by a third. No two alike. Why such variation occurs is readily understood when the results of drug inspection are remembered.

Fifty-seven specimens of tincture of aconite obtained from as many retail druggists and examined by the Kansas Board of Health showed that only one was above 50, twenty-six varied from 10 to 34 and the balance were below 10% in activity.

Dispensing Insures Confidence of Patients.

Naturally, many patients lack confidence in prescriptions filled by druggists. The evils resulting from the causes already described are a matter of common fame, which is continually increast by the daily press.

It is generally recognized that the medical pro-

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fession has freed humanity from many of its ills, decreast physical suffering and lengthened the span of life. These achievements have resulted in a confidence and respect not attained by any other calling.

Because of this confidence in physicians and because of a distrust in retail druggists, many patients not only prefer, but insist, on medicins direct from physicians' hands. Natural faith in medicin is increast when they obtain it from their physician. As they express themselves, "This medicin is right, for the doctor gave it to me himself," and usually it is right. The dispensing physician alone can appreciate this statement and what it means to the medical profession.

Dr. J. A. Clark said, in a meeting of the Douglas Park Branch of this society: "The first element of success is a satisfied patient." When medicin is dispenst, the latter never ask for prescriptions. On the other hand, patients to whom prescriptions are given often ask for medicin.

Dispensing is advantageous to the public, since it places responsibility where it properly belongs, on individual physicians.

Prescribing Permits Refilling.

Few prescribing physicians have not suffered enormous loss by the refilling of prescriptions. Prescriptions are often refilled hundreds and even thousands of times. The late Dr. Henry Ristine, of Cedar Rapids, Iowa, once said that in an early day he wrote a prescription for ague that soon became popular; that it had been filled thousands if not tens of thousands of times, and, he added, "I only got *fifty cents* for it."

Once delivered to patients, prescriptions are beyond control. In many states patients can demand the originals and have them refilled as often as they choose. Prescriptions are refilled to-day where the physicians who wrote the prescriptions, the patients for whom they were written, and the druggists that originally filled them are dead.

Patients to whom medicins are dispenst cannot get their prescriptions refilled without their physician's knowledge. After their efficiency is lost, such refilled prescriptions are actually harmful, aside from the dosing habit they create.

The dispensing system renders migration and the gratuitous circulation of prescriptions impossible.

Dispensing Retains Control of Patients.

By prescriptions, phvsicians not only lose control of patients, but the patients themselves. Loss of control is parting with an asset for which there is no equivalent. The prescription system has a tendency to keep physicians and patients apart.

On the other hand, the dispensing system keeps patients in touch with their physicians, a relation mutually advantageous. Patients must return for medicins. Physicians can thus keep track of their patients and make necessary changes in medicins.

Dispensing physicians retain their patients for years, while prescribing physicians must depend largely on new patients for an office income.

Prescribing Publishes Names of Remedies.

Written prescriptions make known to patients the names of remedies, their uses and doses. Often after receiving a prescription a patient remarks: "Doctor, that won't do me any good; I have tried it already." This places the physician in an embarrassing position.

The writing of prescriptions gives opportunity for comment by patients or others who may read them. The latter may include favored physicians (and there are many of them) who enjoy drug-store privileges. Derogatory remarks by druggists when prescriptions are filled are quite common; for instance, "Take this medicin carefully, for it contains a powerful drug," or a poison.

Prescribing Loses Psychologic Influence Over Patients.

The value of psychologic influence in the treatment of disease is generally recognized. This influence over patients is, however, sacrificed, or at least the most of it, whenever the patient discovers the nature of any prescribed remedies. Even if the medicins be taken according to directions, the patients' interest centers in the drugs, and not in the physicians. In one case patients pin their faith to the medicins. In the other, since they know nothing of the medicins, their faith rests wholly on the physicians.

Prescribing Publishes Ailments of Patients.

Prescribing physicians tend to publish the ailments of their patients. Patients assume that their physical weaknesses are held by their physician in sacred and inviolate confidence. Publicity of any kind is particularly trying to those afflicted with venereal, uterin and many chronic diseases.

Prescribing by Physicians Educates Patients to Prescribe for Themselves.

Prescriptions, as already pointed out, often result in dangerous self-dosing. Thru the prescriptions given out by physicians patients have obtained, also, a dangerous half-knowledge of the therapeutic effect of many new remedies.

What would the laity to-day know of such drugs as acetanilid, codein, cocain, or the more recently introduced aspirin, had it not been for the publicity given them by the written or verbal prescriptions of physicians, who, as Dr. G. Frank Lydston so aptly exprest it in his "Medicin as a Business Proposition," "have foolishly permitted themselves to be used to pull the proprietary chestnuts out of the fire"?

Prescribing Increases Use of Narcotic Drugs.

The habit-forming drugs have increast in use thru the self-dosing permitted by the refilling of prescriptions.

Prescribing Educates Patients to Consult Druggists and Latter Influenced to Prescribe.

Patients are creatures of habit. The prescribing physician often teaches them their first lesson in obtaining injurious or irrational medication by writing a prescription and directing them to a drug store. The publicity that results from writing prescriptions for proprietaries induces many patients to self-prescribe instead of consulting physicians. Not only has the custom of writing prescriptions increast the sale of patent medicins. but many of those now on the market are prescriptions manufactured on a large scale.

Physicians are not only influencing druggists to prescribe, but furnishing them with patients. Druggists treat more cases to-day than physicians in their offices. The many dangers of prescribing by druggists appear more seriously in the

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so-called social or venereal diseases. Here a proper knowledge of diagnosis and pathology is absolutely essential. The period of contagion is a serious question to the patient, his family and the community. Venereal diseases are transmitted innocently in about 25% of cases. The correct diagnosis of recovery is essential. This the druggist without training cannot make, and yet he prescribes for and lets loose on the community thousands of uncured patients.

Nearly all of the better class of drug-store owners are the agents or members of two powerful syndicates systematically at work training retail druggists in counterprescribing. Their list of stockholders and agents include some 25,000 retail drug stores in the United States. These companies manufacture lines of patent medicins that embrace one or more remedies for every common ailment or disease.

Naturally, these syndicates are interested in promoting the sale of these medicins. To secure this, the clerks in these 25,000 stores are drilled by means of booklets setting forth the various diseases for which these medicins are recommended. In one of these stores in Chicago to-day a sign bears the following: "Your money back with a smile if any ——— remedy fails. A ———remedy for almost every ailment."

In addition to these two syndicates there are other companies working along identical lines. These chains of stores are quietly striving to secure for themselves the greatest possible proportion of what should be the office practise of the medical profession.

Not satisfied with conditions that yield fully one-half of the office practise, many druggists employ physicians to give advice to customers. This custom has increast to such an extent, particularly in the larger cities, that the Medical Society of the City of New York has, thru its attorney, caused the arrest of some of these druggists, and the first one tried has been fined for illegal practise. The officers of this society claim that over 400 druggists in greater New York employ physicians for no other purpose than to increase their profits at the expense of a practise that morally and legally belongs to physicians. There are but few druggists in this city who are not technically practising medicin without a license. Scarcely a case of gonorrhea, stricture, cystitis, orchitis, or other like complications reach the physician until after they have first been treated by some druggist.

The Dispensing Physician.

Dispensing physicians are reaping the benefits and enjoying the larger incomes that fall to physicians who supply their patients with efficient medicins. The right of physicians to dispense is fundamental—like the right to diagnose. To deny that right is to impair the quality of the work of physicians, and to endanger if not sacrifice human life. Dispensing physicians deliver to patients not only medicins, but also accurate instructions.

Advanced pharmacy has lessened the work of compounding until only a limited amount is necessary. Not only this, but it is now possible for physicians to keep on hand a supply of tablets, tinctures, elixirs, fluidextracts, syrups, ointments, capsules, etc. A small assortment of chemicals and other preparations added to these will enable physicians to accurately dispense in their own offices all or practically all of the medicins they require.

Dispensing Permits Prompt Administration of Medicin and Gives Opportunity to Study Drug Therapy.

Only the dispensing physician is equipt to meet emergencies. For instance, a physician is called in a case of spasmodic laryngitis, hepatic colic, pending heart failure, or angina pectoris. He secures immediate and efficient action possibly hours before a medicin could be obtained from a drug store.

By dispensing, the physician is able to study diseases and therapeutics immediately. The dispensing physician not only can study the physiologic action of remedies, but can observe the action of the first dose and thus anticipate results.

Before a surgeon can skilfully wield a scalpel or other instrument, he must by practise become accustomed to the technic of using it. In administering medicins it is necessary that the physician should be able to recognize, when in potent form, any drug or combination he employs. If expert, he will detect its primary effect and from time to time any cumulativ action.

Prescribing physicians do not become familiar with the color, odor, taste and other physical characteristics of the medicins they employ; hence they do more or less groping.

I doubt if there is a prescribing physician who will not cure his patients quicker, relieve human suffering in a far greater degree, and lessen his death rate by dispensing his own remedies.

Dispensing is Economical for Patients.

Much money is wasted for unconsumed medicin purchast on prescriptions. With many patients drug bills are so excessiv that with limited incomes there is no money left with which to pay their physicians. Dispensing physicians save time and money for their patients because they get relief quicker and additional charges for medicins are much less than those of druggists.

Further, they are not hampered, particularly when practising among the poor. They dispense limited quantities and in succeeding calls modify or change the medicins with but a trifling loss either to themselves or to patients.

On the other hand, the *Journal of the National Association of Retail Druggists,* in its advice to prescribing physicians, urges the latter "not to prescribe medicins in a small way, say in quantities costing not more than five or ten cents." It urges as a reason that "it cheapens the practise of physicians."

Again, there are many patients who object to paying an office fee and receiving in return a piece of paper containing only a statement of a remedy for their disease and directions for its use. They demand something more tangible. To them it seems too much like giving up something for nothing.

Dispensing Will Build Up Office Practise.

The dispensing system enables physicians to build up office practises, which, like the prescription files in drug stores, can be transferred to successors. The prescribing physician has little to offer aside from his surgical instruments and his furniture. His only tangible assets rest in the prescriptions he has written. These are in the hands of druggists, who not only acquired

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them without cost, but made a substantial profit when they assumed ownership.

When the dispensing physician dies, or for any reason gives up his practise, if he has kept copies of all prescriptions filled, he or his administrator can deliver to his successor a list of patrons for whom he has dispenst and who must return to his files whenever their prescriptions are refilled.

Claims of Druggists.

Druggists claim that physicians should by law be prohibited from dispensing, principally because

(*a*) They are incompetent.

(*b*) They dispense medicins of inferior quality.

(*c*) They cannot carry in stock all the medicins they require.

(*d*) Therefore they *substitute.*

(*e*) There is no check on their work; therefore, the lives of their patients are in danger.

(*f*) That they supply narcotics to drug *habitués.*

They further argue that physicians should not dispense because

(*g*) Dispensing is unprofessional.

(*h*) Physicians have no time for dispensing.

(*i*) It is not profitable.

Physicians Held Incompetent to Dispense.

The claim that the average prescription clerk is more competent to serve medicins to the public thru the written instructions of physicians than are the physicians who write the instructions is too ridiculous for serious consideration. If physicians are competent to prescribe they are equally competent to dispense.

If investigation discloses that the graduates of our medical colleges are deficient in a proper knowledge of pharmacy, which I deny, then, if I may take the liberty, I suggest that our medical curricula in this particular be strengthened and that enuf attention be given to pharmacy and dispensing as may be necessary to make the latter scientific and safe.

Physicians Charged With Using Inferior Drugs.

It is claimed that the drugs dispenst by physicians are not equal in quality to those dispenst by druggists on physicians' prescriptions. I can produce the statements of not hundreds, but thousands, of dispensing physicians to the effect that with the drugs in their offices, be they considered by druggists inferior or even worthless, *they can obtain better results than are secured to their patients from prescriptions filled at drug stores.*

Druggists lay much stress on a paper written by Prof. W. A. Puckner, "The Quality of Drugs Sold to Dispensing Physicians," publisht in the *Journal of the American Medical Association,* November 13, 1913, in which the products of five "regular" pharmaceutical houses were compared with those of "fifteen physicians' supply houses." That paper is misleading and of no value so far as it relates to the question discust, because

(*a*) It was not shown, nor can it be shown, that the five "regular" pharmaceutical houses manufacture a majority of the preparations dispenst by retail druggists on prescriptions.

(*b*) It was not shown, nor can it be shown, that the medicins dispenst by physicians to their patients are inferior in quality to the medicins dispenst by druggists on physicians' prescriptions.

(*c*) An unequal number of the two classes of houses are compared, to the manifest disadvantage of the larger list.

(*d*) The five houses purporting to supply druggists only are the strongest (or at least richest) of their kind, all medium and small ones being omitted from this "regular" list.

(*e*) While manufacturing pharmacists of doubtful standing (or financially less powerful) are not included in the "regular" list, at least five of the larger houses who professedly furnisht supplies to physicians were omitted from the list of physicians' supply houses.

(*f*) Four of the five so-called "regular" houses sell dispensing physicians direct and the fifth house supplies them thru the trade, a majority of dispensing physicians getting their supplies wholly or in part from these sources.

(*g*) The form adopted for comparison of quality of the two lines of products examined is designed to mislead the casual reader.

Had the number of "regular houses" been increast, and had a single one shown a wide minimum and maximum variation from the adopted standard, the result would have discredited the balance of the list and reverst the conclusions of the writer. Or if the *first five* of the physicians' supply houses be compared with the five "regular" houses, using Professor Puckner's own tables, it will be found that *there is an actual advantage on the side of the former.* Naturally, I ask why such a method of comparison was adopted? Why was not an equal number of houses placed in each list, and what was the object sought in writing an article under that particular heading? If Mr. Puckner sought a statement fair and just to all, why did he not procure samples of common drugs from offices of physicians and then by written prescriptions secure similar products from retail druggists and make tests that would show actual dispensing conditions?

Office List of Supplies Said to be Too Limited.

It is also said that dispensing physicians cannot keep on hand all necessary medicins. Doubtless the opinions of the physicians themselves are of more value than those of a second party. They further claim that frequently when an indicated remedy is not in stock the physician substitutes another. Possibly they do; if so, they know the properties of the substituted article, and if it does not secure the desired effect they know the reason. When druggists substitute, the physician is left guessing.

Substitution, evidently, is a tender point with druggists. They not only have a monopoly in substituting for prescribing physicians, but they insist also in doing the substituting for dispensing physicians.

Druggists Are Not Necessary to Check Errors of Physicians.

Druggists claim to be indispensable to the public in that they are a check against the numerous errors committed by physicians in writing prescriptions. This may be true, but why write prescriptions that are open to error? A mistake detected by a dispensing druggist would be as well detected by a dispensing physician.

On the other hand, there is no check against the mistakes of druggists, and the dispensing errors of the latter outnumber those of the former 100 to 1.

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Drug Habitués Not Supplied by Physicians.

Druggists have charged that victims of the drug habit often secure supplies thru physicians. As a manufacturer who has sold supplies to physicians for years, I brand as false this statement. No less an authority than Dr. George E. Pettey, of Memphis, Tenn., states that "during the last fourteen years I have personally supervised the treatment of about 4,000 drug patients, and I have been consulted by fully that many others, whom I did not treat. In this entire number, I do not believe that there were exceeding a dozen who obtained their drug supply thru a physician."

Dispensing is Not Commercializing a Practise.

The statement has been made that dispensing is unprofessional because it savors of commercialism. An English practician would not concur in this statement, for most English physicians either dispense direct or have their own pharmacies, as in days of old.

Money collected for medicin is no more commercialism than the collecting of pew rent by a church organization. If saving money for patients is commercialism, we plead guilty, otherwise not.

Time Spent in Dispensing Not Required for Other Study.

Again, it is argued that the time spent by physicians in dispensing would be better employed in study. I ask, study of what? Certainly not of therapeutics. The physician who administers a remedy, by watching its effect, is not only engaged in study of value to himself and his patient, but he is the better enabled to successfully cope with the disease in hand.

Dispensing Not Expensiv, But a Saving.

It has been stated that dispensing is expensiv for the physician, that the additional money taken in for medicin does not pay for its cost and for the time lost in dispensing it. This question can best be settled by physicians, each for themselves. It should be as easy for physicians to collect money for medicins as it is for druggists. Many patients consult physicians without paying cash office fees. They, however, pay cash to druggists for filling prescriptions. In such cases druggists make a profit, while physicians receive nothing. Druggists not only assume ownership over the prescriptions of physicians, but by legislation they propose to compel physicians to write prescriptions for all medicins and turn those prescriptions over to them to be filled. This proposed unconstitutional class legislation has but one object: to increase the sales of drugs at the expense of both physician and the public. The pages of the *Journal of the National Association of Retail Druggists* disclose that efforts are being made by druggists not only to prohibit dispensing, but to belittle and defame dispensing physicians.

Extracts From the Journal of the National Association of Retail Druggists.

The following extracts from the editorial pages of that *Journal* for the year 1913 show the attitude of druggists toward those physicians who deliver medicins to their patients:

"How did the physician ever get the inherent right to dispense medicin? Who gave it to him? By what process of study did he ever discover the remedial action of drugs? This right is the pharmacist's."

Again, "There are few physicians living who have the intellectual ability to properly diagnose, prescribe and dispense scientifically."

Again, "As a rule, a physician is not competent to dispense medicins. Indeed, the physician may not know precisely the proper dose of many of the remedies he prescribes. The doctor may put up compounds that are harmful or even deadly. The patient may lose health or life by taking them, yet laws are so defectiv that the doctors have not rendered themselves liable at all."

Again, "How many lives would be sacrificed each year if all the dispensing was done by physicians? The druggist is the safety-valve for the physician and the public, and the only person to whom the dispensing of prescriptions should be intrusted."

Again, "Every druggist can pick out scores of cases where the tablet-dispensing doctor, a little god all to himself, has just fooled his patients from one pretty tablet to another until finally the asylum or the grave swallow up the 'legalized murder.'"

The following resolution was adopted at the N. A. R. D. convention in Cincinnati, in 1913:

Resolved, **That physicians who choose to be their own pharmacists shall furnish their patients with prescriptions for all remedies supplied, and that in case of the fatal termination where physicians have dispenst their own medicins, the local health authorities shall certify the cause of death.**

According to that *Journal* in an address before this same convention, a druggist spoke as follows:

"I feel very strongly on this subject of indiscriminate dispensing by physicians, for have we not seen how they, in their ignorance of medicin, have allowed simple cases of constipation to develop from one thing into more serious ones that finally resulted in death?" Further, he states that "it would at least appear as a blessing to humanity to have at least 75% of the physicians examined every three years as to their sanity, for their acts are not the acts of sane people, but the acts of unprincipled and clever scoundrels."

Retail druggists admit that the prescribing physician to-day is not only able, but safe and sane. However, if to-morrow he purchases a supply of medicins and commences to dispense them, he is at once incompetent, unsafe and insane.

These slanderous articles printed in the *Journal of the N. A. R. D.* picture the dispensing physician as a mercenary, an unscrupulous pirate trafficking in human life, whose only interest is in securing, as they express it, "the big eye-blinding dollar," and who by dispensing his own medicins is only attempting to cover up the errors and evils incident to the work of an incompetent practician.

Not satisfied with circulating these slanderous articles among druggists, it is said that markt copies of that *Journal* are sent to certain state legislators with a view of influencing our lawmakers to enact legislation that will transfer all dispensing from physicians to druggists. No more audacious or insulting affronts were ever offered the medical profession.

Their association has sought legislation in several states with the view of restricting the work of physicians. Up to date they have secured the following:

In California, salesmen who take orders from physicians for narcotics must file a copy of each order with the state authorities. The filing of these orders makes public all such purchases of physicians.

Kansas has a law wherein the State Pharmacy

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Board may inspect the medicins of the dispensing doctor and fine him if for any reason they find medicins not satisfactory to them. As pharmacists have no love for dispensing physicians, yon will recognize the position in which the Kansas physicians are placed.

In Ohio there is also a law almost identical.

In Maine physicians must keep a record of all narcotics dispenst, nor are they allowed to prescribe more than 4 grains of any of the narcotics, including Dover's powder.

In Nevada, altho there are areas embracing as much as a full county without a licensed pharmacist, yet under the law physicians are not permitted to dispense unless they first secure a license as a registered pharmacist.

The legislation in some states, now in force, as annoying as it may be, is trifling compared with that which by druggists is in contemplation.

Under the present Nevada law a physician, unless he be registered as a pharmacist, cannot administer medicin hypodermically, and in some states under some of the proposed laws he could not give a dose of morphin or relieve the distress of a drug *habitué* without filing a copy of his prescription with the Board of Pharmacy.

Aside from emergency cases, there are many physicians located miles from any competent pharmacy who are compelled to dispense medicins. There are others who prefer to and will continue to treat their patients in their own way, and, as my deceast partner, Dr. F. C. Greene, once said, "The right to practise medicin includes the right to dispense, and, legislation or no legislation, that right will stand supreme."

Under some of the proposed legislation, veterinary surgeons could not administer necessary medicins. Like physicians, even if the animals they are called upon to treat are dying for lack of medicins, they must await the filling of prescriptions by druggists.

This legislation will also prevent dentists from administering remedies for the relief of toothache or other forms of dental disturbances.

Dispensing to be Permitted in Emergencies.

However, some of the proposed laws provide that physicians may dispense in emergency cases, but they fail to define the word "emergency" as here applied. Every morbid state is an emergency. There can be no exceptions. Human ailments must not be subject to commercial traffic. The proposed legislation is an attempt to render the health and lives of the public subservient to drug profits. For instance, if a physician be practising in a small town with but a single drug store, and that druggist generally considered by both physicians and patients to be incompetent, that constitutes an emergency.

But why make this exception? If, as claimed, physicians are incompetent to dispense medicins under ordinary circumstances, are they not equally incompetent to dispense them in emergencies?

If a law be passed forbidding dispensing, what will be the probable condition when the great mass of dispensing physicians, probably two-thirds of all licensed practicians (many of whom have never written prescriptions), are compelled to dispose of their dispensing stock and rely exclusivly on the prescription pad? If there is trouble now, there will be chaos then.

After a study of this proposed legislation, I find little included that will prevent druggists from recommending or prescribing medicins.

Conditions are serious enuf when druggists assume to prescribe for supposed coughs, constipation, diarrhea or rheumatism and for which a severe penalty should be inflicted. But what, may I ask, should be the penalty inflicted on druggists who presume to prescribe for consumption, Bright's disease, diabetes or venereal diseases?

Instead of legislation having for its object the abridgment of the rights of physicians, I suggest that rigid laws be enacted making it a criminal offense for a druggist to prescribe or recommend a medicin except he holds a physician's license.

If legislation be necessary to regulate the practise of medicin, it should originate either in medical societies or from a general demand on the part of the public.

Among prescribing physicians a limited number believe that the system is right and that it is undignified to dispense medicins. Some of these physicians acquired the habit back in the 70's or 80's from their preceptor, or from a favorit medical professor, and without learning the advantages of the dispensing system have continued in the old rut. A further percentage have found it easy to write prescriptions and dismiss their patients, leaving the latter to secure such results as their limited experience and means would permit.

Aside from the before-mentioned prescribing physicians, a large share of the remainder may be divided into two classes. One influenced by direct or indirect favors at the hands of druggists and the other because of fear of influence against them of these same druggists.

For many years, particularly before I withdrew from the management of Truax, Greene & Co., I enjoyed an extensiv acquaintance with physicians. Many hundreds of physicians have said to me in words or substance, "When I dispense I get better results for my patients and they prefer it, but the druggists in my town won't stand for it."

That druggists have considerable influence in directing medical patronage there is no question. Nor is there any question but that this patronage is nearly always directed to such physicians as send in the largest number of fat prescriptions.

Druggists generally, and occasionally physicians, assert that dispensing cheapens the practise of medicin. To refute this statement I point to the record of homeopathy. Within a comparativly brief period homeopathic physicians increast in numbers and popularity, particularly in our cities, until they were able to put their hands on so many silver door knobs that they startled medical orthodoxy.

They went further; they demonstrated that the then prevalent large doses of medicins were unnecessary. Following their calls members of families were neither dispatcht to a drug store nor when the case was ended was there a big drug bill to be met.

By dispensing palatable medicins homeopaths solved the problem of how to acquire quickly a family practise. Unconsciously but steadily the regular school in self-defense has in this particular adopted similar tactics.

The *Journal of the National Association of Retail Druggists* states that "one dispensing doctor can drive the physicians of a whole community into the practise." A frank admission, to say the least. The reason, however, is quite evident. Patients prefer the system, and many physicians by dispensing have doubled and trebled their office practises.

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The Only Logical Reason for Writing Prescriptions.

The only condition that warrants physicians in writing prescriptions are those cases where they cannot from their own stock properly supply the required medicin. The welfare of patients is of first consideration. If under any circumstances physicians cannot render as good service by dispensing as they can by prescribing, their duty is clear.

Every physician is under obligations to his patients. So far as he is able his duty is to restore and preserve health, lessen suffering, lengthen life, point out better modes of living, and if his patients require medicins or mechanical devices to see that they get correctly manufactured articles at fair prices. Methods to secure these results are professional. If by dispensing physicians can furnish remedies of better quality than patients obtain under the prescription system, then it is their duty to dispense those medicins. If patients have more confidence in medicins because furnisht to them by their physicians, then it is unprofessional, if not inhuman, to decline to supply them.

Millions of people are self-prescribing daily, often for powerful and dangerous drugs, and in so doing are acting on information first given out by physicians thru the prescription system.

If the medical profession will retain for themselves their knowledge of the therapeutic action of medicins, information that cost them years of study and much money, knowledge that in the possession of the laity is dangerous, then an invalid world will be less invalid, and physicians will find their practises more lucrativ. A large percentage of the medicins, self or drugstore prescribed, are nonindicated. Following its administration, human life is being tampered with and vast sums of money are being foolishly, yes, dangerously, squandered. A part of this money paid to dispensing physicians would insure for our people better health, longer life and larger incomes with which to enjoy it. Physicians who dispense the medicins they prescribe obtain more certain action, keep to themselves the nature of their remedies, and the ailments of the patients, enjoy larger incomes and retain from patients their patronage, their respect and their confidence.

CHARLES TRUAX.
175 North State Street, Chicago, Ill.

[In the interest of the "family physician" it is our great privilege and pleasure to welcome the above remarkably strong contribution to our columns. The subject is so completely covered that we do not see how anything further can be added, *except* that the family doctor is not expected to carry in stock and supply to their patients certain well-recognized specialties, as Fellows' comp. syr. of hypophosfites, Trommer's malt extract, Valentine's meat-juice, Welsh's grape juice, antiphlogistine, bovinine, Gude's pepto-mangan, various cod-liver oil preparations, etc., etc. These, of course, are found in every drug store, where they may be purchast by the patient on the order of the physician. However, these exceptions do not in the least detract from the splendid arguments of Mr. Truax in favor of the dispensing doctor.

We learn that this paper made a "big hit" when it was read. Mr. Truax had a number of questions printed and distributed to the members. These questions were to have been answered by Mr. Leon M. Pedigo, who was there to represent the druggists' side. We understand that he did not get beyond the second question. However, it was generously decided that Mr. Pedigo should have another opportunity to answer the questions, after deliberate study. The questions follow.—ED.]

Questions Submitted to Mr. Leon M. Pedigo and to Which Answers Are Requested.

1. The National Association of Retail Druggists has officially declared that the right to dispense medicins belongs exclusivly to druggists.

Do you personally concur in that statement?

2. Licenses to practise medicin are issued to physicians.

If your answer to the foregoing question be "Yes," define what in your opinion constitutes the practise of medicin.

3. Do you personally believe that physicians are incompetent to dispense? If so, what is the basis of your belief?

4. Is it your opinion that because physicians make errors in writing prescriptions that it proves that they will commit like blunders in dispensing medicins?

5. If you personally consulted a physician and he concluded that you required a compound cathartic pill, and offered to administer it, would you decline to accept it from him on the ground that while he might be competent to prescribe he was not qualified to dispense the pill?

6. Do you personally believe that physicians should by law be prohibited from dispensing? If in your opinion there be exceptions, what are they?

7. Is it not true that nearly every physician dispenses remedial agents in a greater or less degree?

8. In your opinion will physicians secure greater accuracy from prescriptions filled in drug stores than from medicins dispenst by themselves?

9. In your opinion do patients have as much confidence in medicins dispenst by druggists as they have in medicins received from their physicians? If so, what is the basis of your belief.

10. Do you believe in the refilling of prescriptions by druggists without the consent of physicians? If not, why have you not directed your efforts to abolish the practise?

11. In your opinion, should physicians make known to patients the names of prescribed remedies?

12. If you were afflicted with a venereal disease, would you accept medicin from your physician, or would you insist on a prescription on some druggist?

13. The *Journal of the N. A. R. D.* editorially states that physicians should decline to prescribe medicin in lots costing the patient not to exceed five or ten cents. Does such advice meet with your approval?

14. If you personallv were practising medicin and your patients for sufficient reasons exprest themselves as having no confidence in druggists generally, would you insist on giving such patients prescriptions?

15. If you personally were practising medicin in a small town containing but one druggist and neither you nor the public had any confidence in the medicins furnisht by that druggist, and the law forbade you to dispense, what action would you take?

16. In such a case, if the law permitted you to

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dispense in emergencies, in your opinion would such a condition constitute an emergency?

17. In your opinion, have druggists any legal or moral claim on the prescriptions of physicians? If so, on what grounds.

18. Do you personally believe that druggists have the moral or legal right to dictate legislation for the government of physicians?

19. Do you personally believe that anyone without a physician's license should be permitted to recommend or prescribe medicins with the view of selling such medicins?

20. Is it not a fact that druggists generally are engaged in so-called counterprescribing with little regard to the character of the supposed ailments?

21. Is it not a fact that thousands of druggists are carrying special lines of proprietary medicins intended for counterprescribing, lines that cover practically all common diseases?

22. Is it not a fact that powerful drug syndicates issue booklets intended to drill drug clerks in prescribing for patients?

23. Is it not a fact that journals issued in the interests of druggists have repeatedly stated that the quality of the drugs sold to dispensing physicians are inferior or worthless and that dispensing physicians purchase inferior drugs just because they are cheap?

24. To your knowledge is there a particle of evidence that the drugs generally dispenst personally by physicians are inferior in quality to those generally dispenst by druggists on physicians' prescriptions?

25. Is it not a fact that there is now being carried on by the drug journals and drug organizations a carefully planned propaganda to undermine the character, ability and integrity of physicians who dispense medicins?

26. Is it not a fact that the N. A. R. D. has planned, and is planning, various legislativ attacks upon dispensing physicians, all with the intention of preventing them from dispensing medicin, or hampering or restricting them in every possible way?

27. Is it not a fact that many druggists employ physicians to give advice to customers, thus extending their commercial field to include the treatment of disease?

28. Is it not a fact that neither the drug journals, drug organizations, nor the N. A. R. D. have sought any form of legislativ restriction to prohibit the recommending or prescribing of medicins by druggists? If such legislation has been askt for, name place and date.

29. Finally, will you join in a movement for the enactment of laws that will prevent all forms of prescribing by druggists, including the sale or recommendation of extemporized or ready-made remedies? CHARLES TRUAX.

175 North State Street, Chicago, Ill.

Asphyxia in Newborn and Divulsion of Sphincter.

EDITOR MEDICAL WORLD:—A new baby cried continuously a couple of days and with severe, screaming pain. It occurred to me that I divulst the sphincter in order to induce the asphyxiated baby to breathe, and that my divulsion had been incomplete, the muscle being put in spasm and not paralyzed. I chloroformed the child and made a complete divulsion, which relieved it quite perfectly. E. C. CARTLEDGE, M.D.

Atlanta, Ga.

Daylight as a Handy Light.

EDITOR MEDICAL WORLD:—The "Handy Light" article in THE WORLD makes me wonder how many realize the convenience of the ordinary head mirror in packing vagina, curetting uterus, etc. Many bedrooms are small and the bed may be across the window. Turn your patient away from the window, put on your head mirror and you can throw the light directly into your speculum. It is handier than direct light, because your hands and instruments do not get in your own light; better than electric light, because both your hands are free and no one has to hold your light for you. At night a lamp on the far side of the bed takes the place of the window. My experience with flash-lights is that they usually go punk just when you need them the most; however, this is more a plea for *reflected* light than a criticism of its *source*.

Oceanside, Cal. W. V. NICHOLS.

Books on Epidemic Cerebro-Spinal Meningitis.

EDITOR MEDICAL WORLD:—I wish to call the attention of A. L. R., book reviewer in your December issue. In his review of a recent publication on epidemic cerebro-spinal meningitis he states that "it is the only monograf yet publisht in the English language on this intensely interesting and very important subject." Respect to the memory of my dear departed teacher, Dr. Stillé, of the University of Pennsylvania, prompts the request that a correction be made in your next issue. His monograf, altho publisht about a half century ago, will continue to stand as a worthy monument to his indomitable spirit of research and investigation when some authors of more recent date will be entirely forgotten.

Knoxville, Pa. C. A. REESE, M.D.

Cocculus Indicus for Poisoned Needle.

EDITOR MEDICAL WORLD:—I notice in the March WORLD your remarks anent "The Poisoned Needle." The agent used is made from cocculus indicus. Here boys gather the plants, and any half-witted person can make the "extract." This agent is also used by the red-light bartender or by the professor of the "Black Art." It is also used in legitimate medicin and has a broad field of action. Many would not use it because it is recommended by eclectics and homeopaths.

FREDERICK A. REW.

55 Orange St., Waverly, N. Y.

Medical Reform.

More and more the learned physicians turn away from dope and drugs, turn away from old positions, from their bottles, flasks and jugs. When I used to have conniptions, measles, mumps or other ills, Doc would hand me out prescriptions calling for a peck of pills. He would straightway send me bedward, with a trained nurse stern and dour, saying to the latter. "Edward, give him dope eight times an hour." All my bedroom was a litter of old bottles, goblets, spoons, and I swallowed powders bitter till I felt like last year's prunes. It was not till I revolted that I rallied from my ills, not until I up and bolted and went hiding in the hills. Now the doc writes no prescriptions when I've left my health behind, naught in Latin or Egyptian for the druggist to unwind. "You must live," the doc says, "sanely, if you'd keep away from grief; men of careless habits vainly look to druggists for relief. Eat good grub and eat it slowly, go to bed at 10 o'clock, sidestep all the drinks unholy, every morning take a walk." Then he soaks me for an eagle, and I sigh, "I am no flat! Me the sawbones can't inveigle into such a scheme as that!"—WALT MASON, in *Phila. Bulletin*.

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THE PRESCRIPTION PAGE.

Specific Cough Syrup.

Dr. O. W. Houts, of Hiawatha, Kan., thinks the following great in asthma, influenza, coughs and colds, for old and young:

℞ Specific capsicum..... 1 oz.
Specific stillingia..... 2 oz.
Specific lobelia..... 2 oz.
Echafolta..... 4 oz.
Spirit aurantii compositus..... 2 oz.
Syrup loaf sugar.....q. s. 64 oz.

Shake the bottle and give according to age; 5 drops to 1 teaspoonful. He boils all his syrups to be sure all the germs are killed.—*Physicians' Drug News.*

Subacute Rheumatism.

Oppenheim advises the following local applications:

℞ Mentholis.....gr. xv
Guaiacolis.....ʒ j
Methylis salicylatis.....ʒ j
Linimentum camphoræ.....q. s. ad ʒ iv
M. et ft. linimentum.
Sig.:—Use locally on affected parts.

℞ Acidi salicylici
Olei terebinthinæ.....āā ʒ j
Adipis lanæ
Adipis.....āā ʒ iv
M. et ft. ungt.
Sig.:—To be applied frequently to affected parts.

To be given internally:

℞ Chloralis hydratis
Potassii bromidi.....āā ʒ j
Syrupi codeinæ (1:500).....ʒ j
Aquæ.....q. s. ad ʒ iv
M. Sig.:—One tablespoonful at night.—*Progrès médical.*

Sodium Salicylate in Influenza.

℞ Sodii salicylatis
Potassii bicarbonatis.....āā gr. x
Tinct. nucis vomicæ.....*m* x
Aquæ chloroformi.....q. s. ad ʒ j
M. Sig.:—To be taken at one dose every two or four hours.—*Medical Summary.*

Genital Herpes.

Queyrat, in *Paris médical,* is credited with the following ointment to be employed in this affection:

℞ Mentholis
Guaiacolis.....āā gr. iij
Zinci oxidi.....ʒ ss
Unguenti aquæ rosæ (recentis)..ʒ v
M. et ft. unguentum.—*N. Y. Med. Jour.*

Cancer of Esophagus.

For the dysphagia in cancer of the esophagus, See recommends the following:

℞ Dioninæ
Codeinæ hydrochloridi.....āā gr. iss
Cocainæ hydrochloridi.....gr. iv
Ammonii valeratis
Aquæ amygdalæ.....āā ʒ ij
M. Sig.:—Of this solution, 15 drops should be taken three or four times a day.—*Revué de thérapeutique.*

Acute Bronchitis.

℞ Apomorphinæ hydrochloridi.....gr. ss
Sodii bromidi.....ʒ iij
Tinct. sanguinariæ.....ʒ ss
Syrupi tolutani.....ʒ ij
M. Sig.: One teaspoonful in a wineglass of water every 2 hours.

℞ Ammonii chloridi.....ʒ ss
Ext. glycyrrhizæ.....ʒ ss
Fldext. eucalypti.....ʒ j
Syrupi eriodictyi.....ad. ʒ iv
M. Sig.: One teaspoonful in water every 4 hours.—Wilcox, in *Merck's Archives.*

Capillary Bronchitis.

℞ Ammonii carbonatis.....ʒ ij
Ammonii iodidi.....ʒ iij
Syr. glycyrrhizæ.....f ʒ ij
Aquæ.....f ʒ ss
Syr. tolu.....ad f ʒ iv
M. Sig.:—Teaspoonful every two or three hours in water.—*Merck's Archives.*

Bronchiolitis.

℞ Dionini.....gr. v
Liq. ammonii acetatis.....f ʒ iv
Syr. ipecac.....f ʒ ij
Syr. pruni virg.....f ʒ iv
Aquæ dest.....ad f ʒ iv
M. Sig.:—Teaspoonful every two hours for adults.—*Merck's Archives.*

Massiv Injections of Mercury in the Treatment of Syphilis.

Ehlers, of Copenhagen, in a communication made before the recent International Congress of Medicin, reported his investigations on this subject. His object was to attain Ehrlich's *therapia sterilisans magna* by means of supermaximal injections of mercurial salts. He employed the solution of benzoate of mercury, as recommended by Desmoulière and Lafay:

℞ Benzoate of mercury
Sodium chloride, of each.....15 grains
Milk sugar.....2½ drams
Steril distilled water.....3 1/3 ounces

Ehlers found that a 2% solution of benzoate of mercury was still better than the above. He began with injections of 1/3 grain each, but he proceeded cautiously. He gradually increast the dose to 4 grains. Favorable results are reported with the use of this method, which is regarded as superior to the use of salvarsan, at least from an economic viewpoint.—*Revue de Thérapeutique.*

Diuretic Mixture in Cardiac Edema.

Fürbringer and Kohlschütter recommend the following:

℞ Infusion of digitalis..... 5 ounces
Tincture of strophanthus.....45 drops
Citrated caffein.....30 grains
Solution of potassium acetate (40%).....12½ drams

The dose is one tablespoonful every two hours. Ortner combines the infusion of digitalis with a double salt of caffein. He frequently uses theocin or its preparations in conjunction with the infusion of digitalis.—*Med. Record.*

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MONTHLY CLINIC

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Novocain as a Local Anesthetic.

EDITOR MEDICAL WORLD:—The dentist associated for four years with me has used a local anesthetic for extraction, called "non-toxo," with the greatest of success. I dare say he has used it 350 to 400 times with satisfaction to the patients and to himself, as he has never had a sluffing of the gums or any case of cardiac depression with its use. It is a preparation of novocain with suitable liquid antiseptics. After its use on myself in the extraction of an especially refractory lower second molar I wondered if it would not be useful in minor surgery. The dentist has this advantage, namely, that hemorrhage takes place freely and removes a great deal of the anesthetic rapidly. In our work it would not always act the same way.

I wrote to the makers, and they referred me to Dr. J. B. Greene, of Mishawaka, Ind., whose letter I inclose. I wonder if any of THE WORLD family have used "non-toxo." E. P. S. MILLER.

Chicago, Ill.

[Novocain is used extensivly as a local anesthetic in surgery. We reviewed "Surgical Operations With Local Anesthesia," by A. E. Hertzler, in February, 1913, WORLD, which gives a very thoro description of methods and operations.

Donald C. Balfour, M.D., of the Mayo clinic, in *St. Paul Med. Jour.*, says that novocain powder is rapidly soluble and the solution can be boiled without destroying its effectivness. In poisonous doses spasms occur. The safe maximum dose has been stated to be about 7 grains. The duration of the anesthesia when used without an adjuvant is 15 minutes (Hertzler), but its action is more prolonged when adrenalin is added.

The advantages obtained in the use of this preparation are definit and important, the most satisfactory of which is that the solution (½ to 1%) can be used in almost unlimited quantities without fear of ill effects. This permits a wide infiltration of the operativ field with liberal blocking off of the sensory nerve supply, which is not permissible with cocain unless the latter be used in such large dilutions that the anesthesia is dependent to a considerable extent on the edema produced and not on the cocain itself. The fact that the novocain solution can be boiled without affecting its analgesic property is of decided advantage. We have not had sufficient evidence to show that healing of wounds is definitly retarded by the infiltration of the tissues by the solution. In the experience of several surgeons the use of double chlorid of quinin and urea has been followed by serious sluffing.

The methods Dr. Balfour has found satisfactory in preparing and using novocain are as follows: A sufficient quantity of a ½ or 1% solution is made by dissolving the novocain in steril water. This solution is boiled for two or three minutes, enuf adrenalin is added to the solution to make a strength of 1-1000. He does not employ thymol or any other preservativ agent to render the solution stable. A fresh mixture should be made for each operation.

The method of injection varies according to the condition and situation. In acute abscesses, superficial growths and lipomas, it is best to encircle the field of operation at the base with a substantial infiltration, then waiting 5 or 10 minutes before proceeding with the operation. In the majority of instances this gives absolute anesthesia. For ligation of the superior thyroid vessels, injection along the line of incision of about ½ ounce of the solution, 2½ drams posterior to the outer limit of the proposed incision to block off the superficial cervical nerves in that region, and 1 to 2½ drams injected deeply around the superior pole of the gland usually gives a perfect anesthesia despite the fact that these patients are extremely irritable mentally. For thyroidectomies the same general plan is followed except that the deep injections around the gland, when it is exposed, are not employed. The time expended in any effort to allay the pain of handling the gland and traction is not advisable. In herniotomy, after the inguinal canal is opened, the cord and sac should be infiltrated as high as possible. The separation of the sac can then be accomplisht within a few minutes with very little pain, and a high removal can be done with surprising ease to the patient. In intra-abdominal work, it is simple enuf to cut thru the abdominal wall to the peritoneum without producing pain, but anesthetizing the latter is difficult and oftentimes inefficient.

In general, the production of a local edema, allowing a few minutes for the solution to take effect and incising in the edematous area, has been found safe and satisfactory. In the more extensiv type of operation, morphin, 1/6 grain, either alone or, in the case of the hyperplastic goiters, combined with 1/200 grain of scopolamin, has been given. In the majority of cases this constitutes a very important adjuvant to the successful use of local anesthesia of this type.

In novocain Balfour states that we have a safe and efficient means of producing local anesthesia, that the possibility of its application outside the abdominal cavity is almost without limitation, and that it is invaluable to the surgeon who is unable to secure a skilfully administered general anesthetic.

Dr. Robert Earl, in the same journal, says that in the larger operations he gives morphin and scopolamin one-half hour before the infiltration is begun, believing it to be a valuable adjuvant. He uses only the ½% solution of novocain except for the blocking of the large nerves, when a 2% solution is injected directly into the nerve stem. The addition of adrenalin is very important, as by its constricting effect on the blood vessels it diminishes the danger of toxic effect by preventing the rapid absorption of the novo-

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in. It also greatly lengthens the duration of e anesthesia.

As a fatal case of meningitis from the injec- n of unboiled novocain into the Gasserian nglion has been reported, we now always boil e novocain solution for one or two minutes. his should, however, be done before the adrena- n is added, as boiling decomposes the adrenalin. ne drop of the 1-1000 adrenalin solution should e added to each 10 c.c. of the novocain solution, ut not more than twenty drops of the adrenalin hould be used, as there is danger of causing angrene if more is used.

The technic of injection is also important in rder to secure the best results. With a fine eedle four *intracutaneous wheals* are made about wo fingers breadth from the field of operation, orming the four corners of an imaginary quad- angle. From these subcutaneous and deeper in- iltrations are carried out. In the case of a umor it should be graspt and lifted up so the eedle can be introduced beneath the tumor and he innervation from beneath blockt. In order hat no gaps be left in the line of infiltration onstant and even pressure must be made on the iston of the syringe, thereby keeping the tissues nfiltrated ahead of the needle.

Bier reports that he has used as much as 250 :.c. of the ½% solution without noticing any oxic effects. From five to thirty minutes, de- ending on the size and depth of the infiltration, hould elapse before beginning operation. Even when the solution is injected directly into the nerves it takes about fifteen minutes before the anesthesia is at its height. If adrenalin is com- bined with the novocain solution the anesthesia lasts about two hours.—Ed.]

Medical Migrations.—Calculi.—Spontaneous Combustion.

Editor Medical World:—I left Burnt House, W. Va., three years ago, and just located here the first of January, 1914. I was near Hugo, Okla., and Rattan, twenty miles from Hugo. Plenty of practise, plenty malaria. My wife de- velopt malaria; had one congestiv chill and fol- lowed it with typhoid fever. Vomited bile for ten days; had hemorrhage of bowels for four days, and wound up with a severe case of cystitis and urethritis, but still she lives and weighs 135 pounds, her ordinary weight, and is as well as usual, with exception of the frequent returns of the cystitis.

Calculi and Gallstones.

On January 13th I opened three abscesses be- tween teeth and tongue for Mrs. M. T., on right side, and in about two hours she thought a tooth had come out. The hard object she sent to me. It proved to be a calculus of calcium from sub- maxillary gland, and had workt its way up on inside of jawbone and opening made with the knife. It weighed 15 grains. I remember of get- ting a 12-grain stone from right ureter of Mr. C. C. five years ago, after 3 attacks of "colic" in which hypodermics of morphin were used. Also many real gallstones by relaxation and operation. But this is the first stone from the salivary glands.

Spontaneous Combustion.

Another peculiar case occurred five years ago in my practise. A lady weighing 210 pounds was standing in front of a grate. Dress caught fire; she was burnt all over legs, external genitals, buttocks, back, arms, hands, back part of hair burnt off, and part of scalp. She lived fifteen days, but in treating the burn I had used carron oil, or equal parts of limewater and linseed oil. When pus and odor developt, I used per- manganate of potassium for five or six dressings and then covered the parts with cloths covered well with petrolatum. She insisted on lying on feathers. The sheets and tick became saturated with the oil dressing, tho changed frequently. On the eighth day the nurse noticed the bed smoking, went to it and found it to be a smoth- ered fire. They removed patient at once and hur- ried outdoors with the feather tick, and the feath- ers were most of them charred to a coal. I have wondered what was the cause of this spontaneous ignition. Could it have been the lime and per- manganate united with the petrolatum in some way? We had also used several bottles of "medicamentum" as a dressing.

You are possibly skeptical of my sanity after reading the last, so I'll stop.

Pullman, W. Va. I. C. W. Fling, M.D.

[I cannot state just what might have caused the conflagration in this case. Of course, organic or carbon compounds do ignite spontaneously when accumulated in considerable quantities. It is possible that it may have been influenced by permanganate, but in the strength and total quantity used as a wash it is doubtful if it had much influence.—J. C. Attix, M.S., M.D.]

High and Low Blood Pressure, Etc.

Editor Medical World:—Dr. E. Christie, of Lloyd, Fla., may be anxious about his case (January, 1914, World, page 31). Here is one presenting almost identical symptoms, except blood pressure of 90 to 95:

For 28 years I have suffered with rheumatism, neuralgia and sciatica. Age, 54 years. Pulse, 60, third beat very indistinct. Talking, exercise or excitement *slows the pulse*, but breathing be- comes very rapid and difficult. For twenty years I did a general practise, had 1,416 obstetric cases, broke down, took 18 months' rest, felt better. Am now doing office work only, but still have the low blood pressure, sciatica, etc. No albumin.

Question: What causes the neuralgia, rheuma- tism, dyspnea, in one case having high blood pres- sure, and the same symptoms in a low blood pressure? Physical examination shows heart somewhat enlarged; no other change. The only remedy that has ever helped is digitaleine (Merck), 1/50 grain. H. D. La Plant, M.D.

Sayre, Pa.

[It is quite likely the enlarged and weakened heart may be responsible for the dyspnea, but it by no means follows that variation in blood pres- sure may be a causativ factor in the rheumatism or neuralgia. We have much to learn yet regard- ing the significance of altered blood pressure, and such notes as this stimulate inquiry and investi- gation and comparison; it is by these we learn. Do any of the family wish to make suggestions? —Ed.]

Sexual Impotence.

Editor Medical World:—Will you please give your treatment of the following case:

Man, 35 years of age, unmarried. Family his- tory good. In 1904 patient had an attack of syphilis, with primary sore, which responded to mercury without development of any secondary

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symptoms, and patient has been taking mercury for one month out of each year since.

Two years ago, on attempting coitus, could not obtain sufficient erection necessary. Since then he has not been able to obtain erection at any time.

Patient is well nourisht, does not use tobacco or liquor; appetite and digestion good; not costiv, urin 1.002, acid; no enlargement of prostate, no nocturnal emissions, takes plenty of outside exercise. Has been the rounds without relief. Please advise treatment. MAINE.

[It is not likely that syphilis has anything to do with his impotence. If he ever had syphilis, he had better abandon the "taking mercury for one month out of each year"; such a plan of medication is inaccurate, even if he stood in need of mercury. An "attack" of syphilis without development of secondary symptoms arouses a question of the accuracy of the diagnosis as regards the primary sore.

It would stand one in good stead to make diligent inquiry regarding any experience he has had with gonorrhea, since it is this disease which most oftenest gives us this variety of impotence as a sequel.

This variety of impotence is most generally psychic, and is not to be treated by drugs. It would take a volume to go over the approved lines of management in such cases, and we cannot take the space. It will be a source of satisfaction to you to secure a "cure" in this case, and we think if you will gain complete control of your patient, and treat him more by hygiene and suggestion than by drugs, that you will come out with flying colors. You need such counsel as you will find in "Sexual Impotence," Vecki, publisht by W. B. Saunders Company, Philadelphia, Pa., price, $2.25, net, or "Sexual Impotence," by W. J. Robinson, reviewed in February, 1914, WORLD, page 86.—ED.]

EDITOR MEDICAL WORLD:—Will you or some of the "family" help me out on the following case?

Mr. A., aged 37, in good health, and has been since childhood, when he had the usual sickness peculiar to that age. Consulted me on January 8th for undevelopt penis. Askt if anything could be done to increase its size. I recommended electrical massage and cupping. I ordered the cupping apparatus, and on the 18th of January began treatment. The cupping "drew out" the penis considerably and produced an intense erection. Followed this with massage of the body and root of penis. The treatment was applied on alternate days.

At the end of one week he complained of being impotent. Unable to have an erection now, or only partly. Needless to say that the cupping was discontinued.

I had not had any experience with the cupping in this particular line only thru literature. Did the intense erection produced by the cupping paralyze the erectil fibers? Could the paralysis be permanent or will it only be temporary? Patient had been unusually strong sexually before. I have continued the massage lightly with the hope of restoring sexual power. Any help you can give me on this case will be greatly appreciated. VIRGINIA.

[It is possible that the cupping and subsequent extreme turgescence have ruptured the fibers of the cavernous bodies or the erector muscles. In the case of the latter sufficient rest should overcome the difficulty. If the connectiv tissue of the organ be torn, only time will tell what will be the ultimate result. As stimulants strychnin and phosforus are useful. When you resume vacuum treatment be careful not to use it too strongly. For complete information on this subject we suggest you get Vecki's or Robinson's book on the subject, mentioned in our answer to the preceding query.—ED.]

EDITOR MEDICAL WORLD:—I have a case I am treating which if you can help me out I will appreciate very much. Without going into details will say it is a case of "impotency" in a man forty years old, who is perfectly sound in every way, both mentally and physically. I am absolutely satisfied that it is due to lack of confidence, from the history he gives me and the treatment instituted. I want to try him with some artificial apparatus that he can wear at the time. I understand there are various kinds, but have never seen any. So will you be kind enuf to recommend me one that I can use on him?

Maryland. L. H.

[We are not able to recommend any such apparatus, having had no experience with them. You need a good book on the subject. Read our answers to the two preceding inquiries.—ED.]

Solution of Crotalin.

EDITOR MEDICAL WORLD:—I am interested in using crotalin for various uses. I have read all the articles referring to it in THE WORLD. The article of last December, page 490, refers to the preparation of the crotalin for hypodermic use. If I combine the prescription as directed on page 491 the solution will be all right to use *at once*. In case I wish to delay using the solution and should place it in a closed bottle, I find in one day's time there is a cloud in the solution; and if I should use this solution it will *not produce* the inflammatory reaction commonly found after using the fresh solution, and I will have to prepare a fresh solution. I just prepared some with a 5% alcoholic solution and find the improvement not satisfactory. FRANK H. BENT.

Wabash, Ind.

[Relativ to Dr. Bent's letter, which you referred to me, I would say that the solution of crotalin, to which he refers, I have used for the last five years in all my clinical work, and found it satisfactory in every respect. It is true that in the course of time it becomes cloudy, but this is no evidence of deterioration of the drug. The deposit is probably due to the precipitation of some mucin which it contains, and filtration will readily get rid of it without impairing the strength or quality of the solution. If the latter is kept in a blue glass bottle, this change does not occur as soon as if it is exposed to daylight. Manipulated in this way, the solution keeps for six weeks or two months, or even longer. The addition of alcohol, carbolic acid, etc., will disintegrate the drug.

In order to get the best effects of crotalin, especially in epilepsy, adhere to small doses, and do not be guided by the inflammatory effects which it causes. Doses of gr. 1/500 to gr. 1/250 in the beginning, and gradually increast to gr. 1/100, will yield the best results.—THOMAS J. MAYS.]

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Dicrotalin.

EDITOR MEDICAL WORLD:—What can you tell us is to the value of dicrotalin in the treatment of epilepsy? DR. I. N. PARRISH.
Cowgill, Mo.

[The editors have had no personal experience with any of the crotalin preparations, but we have printed a number of articles on the subject in our pages, written by physicians who have used the remedy successfully. We have in our pages in this issue an article on the subject, which will give you the information you desire.—ED.]

Painful Enlarged Testicle and Hernia.

EDITOR MEDICAL WORLD:—I am 70 years old, have been practising medicin 45 years. I carried a musket three years during the Civil War. I am well preserved, have no aches or pains, but had the misfortune of producing a right inguinal hernia about ten years since, riding a rough-riding horse over the frozen ground to answer a hurried call. I have since worn a spring truss, with only partial success in retaining the protrusion. For the last three years I have had an enlarged testicle on the side on which I wear the truss. It is heavy and getting a little painful. Do you think the compression of the truss has anything to do with the enlarged testicle? Give me your advice as to the proper course to pursue in either case, and oblige.

Does the hernia, the enlarged testicle, age, or either have anything to do with the loss of sexual power? W. S. PRICE, M.D.
Tangier, Ind.

[An enlarged and painful testicle, at your age, needs close watching. We do not wish to alarm you, but merely to put you on your guard against the possible insidious development of malignant trouble. We certainly advise you to take a "little run" up to Chicago (your nearest city where you can obtain the advice of specialists of experience) and have an opinion from one of the men competent to give it.

Truss-pad pressure on the "cord" or vessels would be much more prone to induce atrophy than enlargement.

Your age, the hernia, or the cause inducing enlargement of the testicle may be the cause of decline of sexual power. Either would be sufficient to call your attention to failing powers, but in the case of the first it is to be lookt upon as natural, and not to be interfered with, unless it be concluded that one or both of the two latter causes are acting to decrease the "power."—ED.]

Possible Endometritis.

EDITOR MEDICAL WORLD:—I have a case that I want to report—and I am very anxious for help in the case. Any suggestions, either thru THE WORLD or by private letter, will be appreciated.

Mrs. H., aged 28, been married ten years. Has three children, youngest 3 years of age. Miscarried twice, both times previous to last confinement. The "spells" she complains of began about ten days before the menses reappeared after the first miscarriage. The "spell" begins ten to twelve days from the beginning of menstrual period, and lasts *one week*. She is perfectly regular, and the spells will not vary in time twenty-four hours.

They begin with dragging, aching, soreness across the lower abdomen over uterus, worse on left side. Bowels are regular, never badly constipated. Digestion fair. Sleeps well. Kidneys all right.

Fifteen months ago the appendix was removed, both tubes removed, and round ligaments shortened. She menstruated, beginning on the forty-third day after the operation. Same "sore spells" returned and continued the same. Three months ago had a curetment in hospital, and was up in a few days. The "sore spells" are as bad as ever. Will say that while she carried the last child she had no "spells."

She does not suffer at the menstrual periods, but the week that the "sore spells," as she calls them, last she dreads, and suffers quite a great deal. Liver acts well, skin looks clear, and she feels real well all the time, except *one week each* month. Nothing she has taken has seemed to help her in the least, so far as those spells are concerned. W. R. FOWLER, M.D.
Pottsville, Texas.

[The trouble appeals to us as most probably due to hyperesthesia of the endometrium. As the time approaches for the monthly molimen, the endometrium becomes engorged and the mucosa infiltrated. You quite likely have an endometritis, and one curetment is seldom sufficient to accomplish a cure of this condition. In fact, we would incline to local medication instead of operativ procedure. We think depletion would be beneficial. We suggest a few months' trial of vaginal boroglycerid tampons with gelatin and hydrastin (made by John Wyeth & Bro., Philadelphia), using one every other night. Hot sitz baths, nightly, during the week of the presence of the soreness, might be of benefit. If so situated that you can use electricity, the use of 6 to 12 milliamperes of the constant current, or the intra-uterin application of the interrupted current, might do much good. We presume you have satisfied yourself as to the normal position of the uterus—a slight displacement might be responsible for the whole trouble.

We would put her on internal medication containing star grass, blue cohosh, cramp bark, false unicorn root, and squaw vine. This can be obtained in a ready-made elixir, and will need to be continued over several months, in generous dosage, before it can be hoped that beneficial results will be noticeable. The nervous system, too, needs investigation, and if it seems to require it, should be medicated by sedativ or tonic drugs. Corpus luteum extract might also be of benefit.—ED.]

Chlorotic Anemia, Constipation and Amenorrhea.

DEAR DOCTOR TAYLOR:—Your editorial, "Chronic Intestinal Stasis," was very interesting and reminds me of a case I have been treating occasionally for two years.

Chlorotic Anemia.

A young lady now about 17 years old. Her mother died about two years ago of pulmonary tuberculosis. About this time my attention was called to the girl, who, they told me, was being treated for gastric ulcer. After being assured that they had dismist the other doctor in the case, I examined the girl, and after a careful study I concluded she had a case of chlorotic anemia. She improved under treatment consisting of Basham's mixture and arsenic.

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Constipation.

But the point I wish to emphasize, and the one that gave me most trouble, was a very obstinate constipation, which I could not then correct, and have not yet been able to correct. I have given her the A. B. & S. pill, Hinckle's cascara cathartics, and have used the compound cathartic U. S. P. Besides, I have used other remedies, and find nothing that will do any more than relieve her from day to day by taking very large doses.

I wondered, when reading your editorial, whether Drysdale's aperient, as suggested by you, would do my patient any good. Can I get it of any drug house, or is it a specialty?

Amenorrhea.

Another important condition in this same case is that the girl has suffered all this time from amenorrhea, and which I have not been able to do any good in correcting. I have tried the usual remedies. Her general health seems wonderfully improved, but the constipation and amenorrhea remain.

Any suggestions along the line of treatment would be appreciated. J. R. ECHELBARGER.

Fletcher, Ohio.

[Unquestionably your patient needs general tonic treatment. Tincture of nux vomica, 10 drops in water three times a day has been used considerably for persistent constipation. Use the Hinckle pill three times a day. If necessary give 2 pills three times a day until you get results. Unquestionably her intestinal musculature is extremely weak and will require tonic medication for some time. Occasionally a drop of croton oil will be useful. Administer white Russian petroleum oil in teaspoonful doses or more every three hours. This serves to soften the feces and lubricate the intestin. Be careful in using drastic cathartics that you do not set up an inflammation of the bowel. Drysdale's aperient can be used. It is advertised in THE WORLD, and is not a proprietary preparation.

You do not state that the young lady has ever menstruated. Anemia is a cause of amenorrhea. Read the article by Dr. W. W. Donnelly in April, 1913, WORLD, pages 144 to 146. Corpus luteum extract, in doses of 3 to 5 grains three times a day, is now being used extensivly for amenorrhea. Restore the young lady's general health and her menstruation should return, presuming there are no anatomic defects.—ED.]

Pellagra.

EDITOR MEDICAL WORLD:—Will you kindly give me, in your opinion, the very best treatment for pellagra, and oblige? E. V. GRAHAM, M.D.

Breckenridge, Col.

[See MEDICAL WORLD, September, 1911, pages 360 to 364. Arsenic seems to be the best remedy in some cases.—ED.]

Pulmonary Affections—Coloring for Ointments.

DEAR DOCTOR TAYLOR:—Long live THE MEDICAL WORLD, its meaty columns, monthly talks and brotherly feeling.

Please answer the following: What is the formula for "Gowan's Pneumonia Cure" and "Vick's Pneumonia Cure"? Please mention the best formula for an ointment to be applied to babies and children for broncho-pneumonia, croup, colds, etc. What would be the best addition to the old-time mutton suet and camphor mixture? What would be a good coloring agent for an ointment of this kind, to give an attractiv and characteristic color, something that would be inert or noninjurious, and that would not stain clothing so that it would not wash out? Iodin and ichthyol would not do. Cudbear stains and will not wash out. Thanks in advance.

Brevard, N. C. C. W. HUNT, M.D.

[Very few modern physicians will concede that any external application is of any value in croup or pneumonia. The best application of which we have knowledge is composed of equal parts of goose grease and crude oil from petroleum wells. Either may be used separately with undoubted advantage in bronchitis and simple colds, or they may be combined as above, but we are not prepared to subscribe to any beneficial results from use in any form of pneumonia.

Finely grated nutmeg would add to the efficacy of the suet and camphor preparation, but the items above greatly excel it in virtue. A trace of oil of mustard or pepper would make it more irritating. A little oil of stillingia, lobelia, cajuput, or sassafras might be incorporated, but the lobelia and stillingia need to be used with caution.

You will have to experiment for yourself with coloring. It will be necessary to get an "oil-soluble coloring," and anything which will be permanent will tend to stain indelibly. You might try cochineal, alkanet root, or carmine, any of which will give some shade of pink or red. We do not know the composition of Vick's "cure" you inquire about.—ED.]

Coloring for Oils.

EDITOR MEDICAL WORLD:—I am in quest of a substance that will mix with and color oils a pink or red color and that is harmless to the skin. I have a widow lady patron that prepares a face lotion or cold cream and sells it to her friends (not advertised) and she has askt me for something with which to color it. Carmine will not mix with oils and I have been unable to find anything that will, so far, except tube paints.

Lancaster, Mo. WM. A. POTTER.

[Scarlet red can be used, in about 1/10% solution. It is used in oil as a surgical application. Druggists can supply it. Experiment with it carefully before using it commercially. It is likely to leave a red or pink color on the skin for some time.—ED.]

Diabetol.

DEAR DR. TAYLOR:—Do you know anything about a nostrum "diabetol," manufactured by Ames Chemical Company, Whitney Point, N. Y.? A patient of mine got some of that stuff—money refunded if it don't help (?).

DR. ERNST H. C. HEUSLER.

Howell Station, Ind.

[Diabetol is an herb of the bignonia family (*Stenolobium stans, Bignonia stans, Tecoma stans*), which grows from Arizona southward to Central America, West Indies, etc. It has more or less of a local reputation as a *diuretic*. Like many other nostrums for diabetes, it is merely a diuretic.—ED.]

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Anaphylaxis from Antitoxin in Diphtheria and Asthma.

EDITOR MEDICAL WORLD:—Having an asthmatic patient, child or adult, who develops diphtheria, would you inject antitoxin without explaining to the near relativs the possible fatal result (anaphylaxis)? Or, after explaining, what advice would you give them, when they insist?

DR. S. SEILIKOVITCH.

[See editorial in this issue.—ED.]

Excessiv Perspiration.

DR. C. F. TAYLOR:—I am inclosing check for MEDICAL WORLD for 1914. Kindly give prescription to check excessiv axillary perspiration in a young man in good health. J. MACKAY.

St. Catharines, Can.

[Any of the following methods will check excessiv perspiration of the axilla, or of any other part of the body: Sponge the affected parts for ten minutes every night with a solution of 2 drams of formaldehyd to a pint of water. Put enuf crystals of the permanganate of potassium in a pint of water to make it a deep purple color, and use this as a sponging lotion for ten minutes twice daily. Dust the parts affected with a powder composed of a dram of salicylic acid and seven drams of boric acid. Or, give agaricin internally, in doses of 1/10 of a grain hourly till four doses are taken each day. Give 1/60 grain picrotoxin twice daily. We do not advise the use of internal medication in such cases unless other remedial measures fail, since the drug so ingested affects the perspiration of the entire body.—ED.]

Treatment for Pinworm.

DEAR DOCTOR TAYLOR:—You will find inclosed my check for $3 for my subscription. I am well pleased with THE MEDICAL WORLD.

Please print a good treatment for pinworm. I have several patients troubled with them, but I cannot get rid of them permanently.

Bancroft, Neb. H. W. FRANCIS.

[The best treatment is santonin and calomel, ½ grain of each 3 times a day. Use a good purgativ to remove the santonin and the worms, to prevent santonin poisoning. Repeat this treatment daily for two or three days to insure expulsion of all the worms. Perhaps a rectal injection of the formula for seatworms given in December, 1913, WORLD, page 504, will aid in the treatment. Should this fail, you might prescribe naphthalin, gr. 1/5 to 1 grain four times a day. See also MEDICAL WORLD, April, 1912, page 156. —ED.]

Renal Colic.

EDITOR MEDICAL WORLD:—I have a patient who suffers with attacks of renal colic at intervals of about 30 days. Male, 30 years old. Otherwise healthy. Attacks usually brought on by straining. He is a farmer, has passed one stone one year ago. The pain starts at or near kidney and radiates to bladder. Tablets of H. M. C. give relief, combined with a purgativ, until next attack.

I am not prepared to examin his urin as it should be. If this is absolutely essential, will forward specimen.

Will you please outline a treatment for him? In your opinion, will an operation cure him? He has been troubled with it five years. Had a brother similarly affected for ten years, but got well. Did not know what cured him; tried everything. H. C. STOVALL.

Clopton, Ala.

[Chemical examination of the urin would show presence of excess of uric acid and presumptiv evidence that the calculi were of uric acid origin, if this be the source of the trouble. If calculi were of other composition, such examination would not yield data of value. If you have the stone he passed a year ago, it could be examined to learn its composition. We have no laboratory here for making examinations, but there are a number of laboratories doing this line of work for physicians. (See our advertising pages.)

No medicament will dissolve calculi of any appreciable size, and many think no medication will remove even the smallest of them once they have formed. But any medication directed toward dissolving of calculi must be selected with a knowledge of the composition of the stones afflicting the particular victim. That is, anything possessing the power to dissolve phosfatic calculi would be powerless against calculi derived from uric acid crystals, and so on. We append a few suggestions, some of which may prove of value.

Have him omit meats from his diet. Let him drink freely of water, preferably containing potassium salts—as Vichy. Magnesium borocitrate is said to be a good solvent of uric acid calculi, and piperazin has often been used with reputed good results in the same variety. Recent laboratory researches, however, prove that none of these have any power to dissolve calculi. Calcium carbonate, in doses of 15 to 20 grains, in any pure water, three times a day, continued over months, "acts against formation of uratic calculi by binding the phosfates of the food and blood." Ammonium biborate, given in 20-grain doses every two hours until urination is free, then 15 grains three times a day, in infusion of flaxseed, is said to prevent colic in presence of uric acid calculi. The Cherokee Indians have long used infusion of hydrangia in calculi, with undoubted good results in many cases. Sugar, fats, and alcohol should be limited or forbidden.

Operation would only be of service in case of a stone lodged in the ureter, or caught in the bladder, or in the kidney. It would be useless to prevent future formation of stone. It looks as if he were passing the stones and that they were of minute size, and treatment outlined as above might do much.—ED.]

Hemiplegic Paralysis.—Inordinate Thirst.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD ever since I have been in the practise of medicin, and I am going to appeal to you for some help in the following case, which I have in my care:

Mr. R. A. J., age 61, who was struck down with hemiplegia and paralysis June 1, 1913. I have treated the case very successfully up to the present time. He has no use of his left side and limbs whatsoever. He craves and thirsts for water every fifteen to thirty minutes. He drinks during a day a gallon of water. He also urinates every fifteen to thirty minutes from a pint to a quart each time. Will you please advise me how to stop the craving for water?

He also has dyspnea so badly that he has to get up every morning at 1 a. m. and walk until 5 or 6 a. m.

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Any information that you or the brothers may give me in regard to this case will be highly appreciated. J. L. GRIGGS.

Newport, La.

[A good plan would be to rinse his mouth repeatedly with an alkalin solution or carbonated water, by lumps of ice held in the mouth (the water not to be swallowed), by sipping weak tea, lemonade, acidulated water (phosforic acid), or mineral waters. The purpose is to appease the sense of thirst in mouth and lips without ingesting the fluid. A great deal of will power on the part of the patient is a prerequisit.

For the paralysis use the faradic current, placing one electrode over or near the nerve innervating the muscle, and the other electrode over the belly of the muscle. Do the same for each muscle. Strychnin and phosforus internally should be given.—ED.]

Colloidal Palladium.

EDITOR MEDICAL WORLD:—Have been getting a great many good things out of THE WORLD, which I have taken ever since my junior year in college. Can you tell me where I can get a "colloidal preparation of palladium in a paraffin solution" for subcutaneous injection? Dr. Max Kaufmann, of Halle University, reports that two injections a week produce a daily loss of weight of two pounds, not only without ill effects, but with a feeling of pleasant relief. Will greatly appreciate any help you may be able to give me.

Mooreland, Ind. MART HAMMOND.

[The following is the best information we can give you:

A preparation of colloidal palladium, under the proprietary name leptynol, is proposed as a means of causing the absorption of adipose tissue. The preparation appears one of the many thousand proprietaries produced abroad in the past year and put on the market after meager experimental work.—*Journal A. M. A.*, December 18, 1918.

We do not know where it can be obtained, but probably your druggist can secure it from a wholesale druggist.—ED.]

Humphrey's Witch Hazel Pile Oil.

EDITOR MEDICAL WORLD:—Can you inform me of the composition of Humphrey's witch hazel pile oil? This is a homeopathic prepared green salve for piles. DR. MYERS.

Waterloo, Iowa.

[We have no knowledge of this preparation. Can you send us some literature about it?—ED.]

MEDICAL FRAUDS

Mayr's "Wonderful Stomach Remedy."

EDITOR MEDICAL WORLD:—Will you please tell me something of "Mayr's Wonderful Stomach Remedy," a patent dope for gallstones and all sorts of stomach and bowel trouble? It is manufactured by George H. Mayr, 154-156 Whiting St., Chicago, Ill. The treatment is composed of a powder and an oily substance, four ounces at one dose. The stool is largely made up of small, round masses, resembling balls of paraffin, of greenish color. Thanking you in advance.

Richards, Mo. R. O. CRUME.

[Mayr's "Wonderful Stomach Remedy" consists of a bottle of oil and two powders contained in a red carton on which appears the following:

Mayr's wonderful stomach remedy for stomach troubles, indigestion, gases in the stomach and intestins, dizziness and fainting spells, colic attacks, torpid liver, constipation, gastritis, yellow jaundice, appendicitis, gallstones, etc.

The above ailments are mainly caused by the clogging of the intestinal tract with poisonous accretions—which are caused by a catarrhal condition of the gall-bladder and duct, liver, stomach and intestinal tract—backing up poisonous fluids into the stomach, and otherwise deranging the digestiv system.

This remedy painlessly removes these accretions without surgical operation, takes out inflammation from the entire intestinal tract and renders the same antiseptic.

A pamphlet comes with the bottle consisting chiefly of that sheet anchor of the patent medicin faker—testimonials. Of course, fraudulent claims are made.

"Price $1 per bottle; worth $100."

"A positiv remedy for appendicitis."

"It is composed of nothing but strictly pure food vegetable ingredients."

"Unsurpast for liver complaint."

"Those who believe that they have gallstones we implore you—*Don't submit to a dangerous surgical operation.* . . . The full course of Mayr's wonderful stomach remedy not only painlessly removes this accretion, but allays the inflamed or catarrhal condition that causes them . . ."

The instructions for taking this nostrum directed the patient to take one powder at 3 o'clock in the afternoon; at bedtime the entire contents of the bottle (about a half-pint) was to be taken at one dose. The next morning the second powder was to be taken. The patient was told:

When the bowels operate use a vessel and note the poisonous secretions removed by this remedy, in some cases dark green or yellow lumps varying in size from a fine bead to an olive—in severe cases even larger. In other cases quantities of thick tenacious slime or mucous [*sic.*]. These accumulations are weakening and poisonous.

The bottle contained about six ounces of a bland yellow oil, which from the results of analysis appeared to be oliv oil. The powders, each of which weighed about one ounce, appeared to be ordinary Rochelle salts, one disguised by the addition of about 6% compound licorice powder and the other by the addition of about 4% powdered licorice root.

From the composition of the nostrum, as determined by analysis, it was expected that the concretions removed by this process would be found to consist of a sodium soap formed in the intestinal canal by the action of the alkalin fluids on the fatty oil. As no magnesium was found in the preparation, the suggestion that the "gallstones" might be a magnesium soap did not appear plausible. Nevertheless it was thought worth while to demonstrate in a general way the composition of these masses.

The so-called gallstones, removed from one patient, weighing in the aggregate about 315 grains, were grayish green. When received they had the consistency of soft wax, but on standing in the laboratory for several days, the material separated into a dark, oily portion and an amorphous gray part. Analysis demonstrated the presence of both free and combined fatty acids as well as of considerable sodium and some potassium. Lack of material made it impossible to determin whether the combined fatty acids existed in combination with sodium or potassium or in the original condition as oil; for the same reason, it was impossible to determin in what form the sodium and potassium were present. As the amount of sodium found was in itself

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more than sufficient to account for all the combined fatty acids, it is probable that the masses consisted essentially of free fatty acids and soap (sodium salt of fatty acids).

In short, the so-called gallstones are principally a mixture of fatty acids and soaps produced by the action of the alkalin intestinal fluids on the large amount of oil taken.—*Journal A. M. A., August 19, 1911.*

It is very much like "fruitola," described in May, 1912, WORLD, page 214.—ED.]

"Hord Sanitarium" Method.

EDITOR MEDICAL WORLD:—I inclose literature of the Hord Sanitarium, Shelbyville, Ind., and form of unsigned check to be made payable on delivery of some unfortunate.

This is a despicable proposition, as a moment's thought shows that the bribe paid the physician will be extorted from the patient, a betrayal of trust on the part of the institution and the doctor who is influenced by the offer to send a patient.

Marlinton, W. Va. N. R. PRICE, M.D.

The following is a copy of the check:

Farmers National Bank No.

Hord's is a Perfect Cure

Shelbyville, Ind., Jan. 9th, 1914, $ 25.00

Pay to the order of Dr. N. A. Price,

Twenty-five - - - - - - - - - - - - - - - - Dollars

THIS CHECK WILL BE COUNTERSIGNED UPON YOU BRINGING OR SENDING US A PATIENT.

HORD SANITARIUM.

E. M. HORD, President. L. J. HORD, Manager.

HOME OF THE HORD SANITARIUM.

FOR LIQUOR AND DRUG HABITS.

A Cure Positively Guaranteed.

SHELBYVILLE, IND., January 8, 1914.

Dr. N. A. Price, Marlington, W. Va.:

DEAR DOCTOR:—We will pay you $25 for each patient that you bring or send us. For five years we have demonstrated to the medical fraternity and the public-at-large that we have a perfect and an ABSOLUTE CURE for all liquor and drug addictions. When we say "Absolute" we fully realise what that word implies. We ask for your assistance and co-operation.

OUR PROPOSITION.—We will take any case of drug or liquor addiction, no matter how much used or how long, or the patient's present physical condition, and POSITIVELY GUARANTEE A PERFECT and absolute cure to the patient's entire satisfaction and NOT ASK ONE CENT for treatment, board, room or medical services until patient is satisfied of a cure and ready to return home.

We make a fair, square, BUSINESS PROPOSITION, and all we ask is a fair and impartial investigation.

We are sending you a list of references, showing the high moral and professional standing of our Sanitarium and treatment, and we respectfully solicit the privilege of DEMONSTRATING to you that this treatment is all that is claimed for it. Would you kindly mail us a list of names of those who in your judgment need treatment, and we assure you that your confidence will not be betrayed.

Our rates are reasonable and will be quoted with pleasure upon application. We hope that you will give this matter due thought and we hope for favorable consideration. Yours respectfully.

L. J. HORD,
Proprietor and Manager.

LJH/S.

[There was also inclosed a blank on which to send the names of those who needed treatment.—ED.]

Alcola.

EDITOR MEDICAL WORLD:—I wish to hear thru THE WORLD from the Editor and any of THE WORLD family what they know about alcola, a secret remedy for the treatment of the liquor habit. This medicin is put out by Physicians' Co-operative Association, 1006 S. Michigan Ave., Chicago, Ill., with a pamphlet of full instructions, and same has fallen into the hands of a person here who wishes to try it, and I am only writing this to help convince him that it is a fake, and wish the opinion of any one on same that knows about it.

E. L. LAWRENCE.

Floyd, Va.

[We described this in the September, 1912, WORLD, page 406. The American Medical Association, 535 N. Dearborn St., Chicago, Ill., publishes a pamphlet, giving considerably more details than we had space for. Send 4 cents in stamps to the association for a copy.—ED.]

DEAR DOCTOR TAYLOR:—I have been watching my WORLD for some time for evidence that my subscription had expired, but so far have not seen it. However, I know that it is time another dollar was due you from me, and as I can't get along without THE MEDICAL WORLD, I am going to take advantage of your generous offer and send you $3, for which send me THE WORLD for 4 years. Keep up your Monthly Talks. I believe every member of the family enjoys them and is benefited by them, and if you should strike one who does not approve of them and orders his subscription canceled, it is in all probability because he is too hide-bound to be benefited by them.

Sedalia, Mo. W. M. WHEELER.

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AUTOMOBILE TALK.

In our March Talk we brought up the subject of gasoline from natural gas. Our Associate Editor, Dr. Russell, sends us the following letter showing that it is natural gas comprest and retained in a tank.

DEAR DR. ROMMEL:—Anent the subject of natural gas for fuel for internal combustion engines, will say that the company which made the effort to make this fuel commercially practical gave a street demonstration in Pittsburgh about two years ago. I have not heard of them since, and have not seen mention of the venture in any of the automobile journals. Since, as I recall it, their home office was in Wheeling, W. Va., but a short distance from here, I conclude that lack of public information indicates a failure from some cause. They exhibited trucks under way and propelled by this fuel, and they had a number of filled tanks on exhibition. They also displayed gas jets burning, the supply being from the tank instead of the customary city main. They fastened an extension pipe to the outlet of one of the tanks, and turned on the gas, igniting it, and it burnt twenty feet high in the air.

They gave out the impression at this time that the natural gas in the tank was simply put there under pressure, and that turning a cock released it. The cock or valve was supposed to regulate the output to the desired quantity, and all that was necessary to operate an automobile was to put the tank on instead of the customary gasoline tank, and make the connections to carry the gas to the engine. The engine, of course, taking care of the gas from the tank in precisely the same manner that it would otherwise handle gas made by the carburetor from the gasoline.

I do not recall the name of the company, and their demonstration was of short duration. They made the claim of "safety" from the tests of pressure to which they subjected their tanks before filling them with gas. The claim of economy was also put forward, but I do not remember the figures they set forth in this regard.

The gasoline to which Dr. Clouse refers is commonly sold all about here. In fact, unless you know that you are using gasoline *made from oil* you are likely using gasoline made from natural gas. There are a number of "factories" making this gasoline within a few miles of my office, and I have used many barrels of it in my automobile. The gasoline dealers about here "make no bones" of buying and selling this "gas gasoline," but those who know and who disregard expense always insist on gasoline made from oil for use in their automobiles. "76° test" is recognized as the very best gasoline made from oil, and commands the highest price. "70° to 72° test" sells a little lower; 68° to 70° test still lower; and those grades testing below 68° are known as "stove gasoline," or are sold under various trade names, such as "automobile gasoline," etc. The gas gasoline is very much less explosiv than gasoline made from oil, and volatilizes more rapidly on exposure to air. Some automobile owners claim that this extreme volatility makes this fuel more expensiv than the gasoline made from oil and costing more money by the gallon. It "fires" easier, as Dr. Clouse says, but it fouls the engine more with carbon, and requires a little more carburetor adjustment, on the majority of engines. Personally, I believe it gives an engine more power than the oil gasoline, but I much prefer the latter. I have known of flame jumping over twenty feet to ignite a tank of this gas gasoline. Of course, the fumes of evaporation were there to ignite. It is unquestionably more dangerous than the gasoline made from oil. A dealer whose place of business joins my office sells it by the carload, and only a select few know that the gasoline he sells "never saw oil."

A. L. RUSSELL.

Midway, Pa.

* * *

The following letter from a Ford owner shows excellent service and satisfaction:

EDITOR MEDICAL WORLD:—The Automobile Talk in the March WORLD greatly interested me. Thru your valued journal allow me to say a few things concerning the Ford car as a doctor's car. Last March I purchast a new Ford roadster, it being recommended to me as giving good service. I have never regretted choosing the car. I have used it one year, driving it every day; and, being a hard driver, certainly have given the car a good test as to wearing of parts, etc. The upkeep has cost me very little, and after comparing the expense of a horse and buggy, I have saved money. The fact that 38% of the physicians of our town have Ford cars speaks well for Ford efficiency. I have averaged during the year 18 miles to a gallon of gas.

Last summer my father, who also owns a Ford car, undertook a tour of the New England states. The average mileage per day was 125 miles over roads some of which were far from being in good condition. The total expense for repairs was 15 cents to tighten the speedometer. No tire or engine trouble was encountered thruout the entire trip. It seems to me, from the experience we have had, that the Ford is about the best yet for a doctor's use.

Hackensack, N. J. RALPH D. DENTO, M.D.

The great majority of Ford owners are highly pleased with their cars, but there are a few Ford cars that do not give as great satisfaction. We know of physicians who bought 1913 Fords last year, the bearings of which did not stand wear for any length of time. On the whole, the Ford car is one of the most satisfactory and least expensiv in upkeep on the market.

* * *

A subscriber in Massachusetts objects to our March Talk. He says we condemned the Metz car because one WORLD reader was not satisfied with it. We did not condemn the Metz car; we mentioned that some one else had found the car unsatisfactory. We printed the communication in the April, 1912, WORLD, page 159, omitting the name of the car. As to the upkeep of that car, the manufacturers are advertising that it will run 28 to 30 miles on 1 gallon of gasoline and travel 100 miles on 1 pint of oil. This is the best yet, so far as we know.

There are more automobiles in Philadelphia than in some of the smallers cities and we have many opportunities to learn the strengths and weaknesses of a great many automobiles. Hence, we feel we are in a position to say things of which we know. For instance, the Pierce-Arrow car is a splendid machine, but we have been told that it would keep a man poor to bear the upkeep.

The correspondent who adversely criticizes our remarks gives us no statistics to the contrary. The following, taken from *American Medicin* for February, bears out our remarks. We would call attention, however, to the fact that some of the expenses—garage, etc.—are higher in New York City than in some other places. Our readers can compare such prices to those prevalent in their own locality and thus make a more certain comparison for their own towns:

From the way doctors take up the automobile, says a writer in the New York *Times* (Nov. 10th) it may

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be well concluded that as a business proposition passenger cars hold their own against any other mode of transportation. To prove this, a few instances may be quoted, in which physicians using automobiles have kept exact cost records, given below. In reading these it should be remembered that the care spent on the car and the tendency to economize influence maintenance cost figures materially, and that the wide fluctuation in the cost to the mile, for instance, is dependant as much on the quality of the driver as on that of the car. Of course, the more powerful a car is used the higher becomes the cost per mile of travel.

Physicians whose work is mostly done in the city are appreciating the advantages of electrics. A well-known Brooklyn doctor, for example, who used gasoline cars from 1900 to 1912 is now user of his second electric brougham. In 1910, when he used a gas car, he covered 10,000 miles. His cost for this, including garage, fuel, tires, insurance, depreciation and interest, repairs and chauffeur's pay, was $3,800, making the cost of each running mile 38 cents. All this mileage was made in and around New York City, as he did not tour to any extent. After having about the same expense to the mile in 1911, the doctor decided to try an electric, which he bought early in 1912. During that year he not only saved the $1,200 of the chauffeur's pay, but also $700 in other ways, so that his total expense, with about the same mileage covered, fell to $1,900, which, however, is quite high for electrics. The doctor is now a convinced advocate of the electric for town work, and says that, except in heavy snowfall, it is as good a vehicle as he could wish for.

Another physician has used the same sort of electric for the last two and a half years, and for about 7,000 miles his expenses have been $1,900 all told. The cost of 27 cents per mile was due to the fact that the car was used less than it could have been. To give a clear idea of what makes up this cost of maintenance, it should be remembered that an electric may be bought for about $2,300, and its life may be rated, conservatively, at five years. Thus the annual depreciation would be figured at $460—20%—the interest at 5%, or $115, and the flat maintenance rate charged by New York City garages for current, washing and other care, at $45 a month, or $540 a year. This makes $1,115 a year, and adding $85 for insurance and extra expenses, including a small repair now and then, we find $1,200 a year a good average maintenance cost. If the car is used to its full running capacity on the current furnisht by the garage at $45 a month, a mileage of 25,000 may be covered in a year, and the cost to the mile is 5 cents. If only half that mileage is made, or about 1,000 miles a month, the cost to the mile is 10 cents.

Doctors in the suburbs find the cost of automobiles even lower than this conservativ estimate. The case of a Jamaica physician using an electric in a small garage of his own shows the following result. During three months 1,200 miles were covered and the sole expense was $35 for current, or less than 3 cents a mile. If the garage and rectifier cost, as well as depreciation and interest, are added, the real cost to the mile is brought to 5 or 6 cents. The same physician used another electric for two years ended April last, and his total expense for 6,000 miles was $250, or 8 cents a mile.

In a Jersey suburb, another car of this type is used by a physician. During four months of its use this car covered 1,600 miles, the total cash expenditures being $20 for current and $5 for small repairs, or 1 1/3 cents per mile. Including all other charges, the total cost to the mile was not more than 4 cents. However, the electric does not stand alone as the physician's vehicle. Among the many instances of economically operated gas cars, there is a 30-horsepower car working in Queens County. In three years it has covered 17,000 miles, used about 1,450 gallons of gasoline, and cost its owner $1,200 (direct expense) during thirty-four months of operation. So he directly paid 7 cents a mile for the use of his car, but if depreciation and interest are considered, the cost a mile was 15 cents. During the last twelve months the direct mile cost was only 6.5 cents.

Another machine of the same make, operated in the city for eleven and one-half months, covered roughly 16,000 miles in that time. Using almost 1,800 gallons, the cost of operating the car was approximately $2,400, exclusiv of depreciation and interest. Without these, the cost per mile was 15 cents; with them, about 22 cents. One car used in New York City for a little more than twenty months, covered 8,120 miles, at an expenditure of $1,460, approximately. In the year from July 1, 1912 to July 1, 1913, the direct expenses, including the purchase of new accessories, were about $960; after adding $500 for depreciation, the total cost of maintenance for that year was $1,400, and, as the car made 5,050 miles, 28 cents for each mile.

In the case of still another gas car, used for two years, 24,000 miles were covered in the city, excepting one or two tours of about 800 miles each. Two thousand gallons of fuel were used during that period, and the total expenses were $990, exclusiv of the chauffeur's pay, which amounted to $2,810. The physician owning this car prefers a chauffeur, but as many physicians would drive themselves, these figures may be considered from their standpoint. To the $990 should be added depreciation and interest, making the cost $1,990 for two years. The cost to the mile is then a little more than 9 cents. Including wages, the total cost for two years was $4,800 and the cost to the mile 20 cents.

Of course, a car may be maintained more expensivly. One doctor runs about 12,000 miles a year; he figures that it costs him $6 a day or 18 cents a mile, without depreciation and interest charge. These included, the cost to the mile is 24 cents. In half a year the same physician also keeps another machine averaging 2,000 miles a month and costing $10 a day. To this the dead storage for half a year must be added. Everything considered, this car costs 21 cents for every mile of travel.

The example of a car which covered 30,000 miles in the last three years is interesting. The total cost of operating it during this period was $4,710, or a little less than 16 cents a mile. In the past year it covered 12,000 miles. The total expense was about $2,310, and the cost to the mile close to 20 cents. This car makes from ten to thirteen miles to the gallon.

J. C. R.

CURRENT MEDICAL THOUGHT

Careless and Careful Typhoid Prophylaxis.

The Bureau of Municipal Research, of New York City, estimates (bulletin of January 31, 1914) that $100,000 a year should easily be saved in wage losses, doctors' and funeral bills if proper scientific investigation of the milk supply of that city were undertaken by the New York Health Department. The Research Bureau was denied the privilege of examining the health department's records concerning a typhoid epidemic in that city in 1911. But in 1913 the Research Bureau succeeded in getting permission to examin the records for 1911 and 1913, in which years there had been considerable typhoid. As a result of their investigations they stated that in the 1911 epidemic the health department knew which milk supply should be shut off three weeks before it was shut off, that during this time misleading explanations were given to the public by the department, that too few facts about sources of contamination were sought and recorded, and that too little work, too little promptness and too little efficiency were required by inspectors.

In addition the Research Bureau publishes a list of "28 more serious defects of methods found in 1913," among which were the statement that no effort has been made to secure the co-operation of other city departments or bureaus, as police department, tenement house department, bureaus of child welfare, food and sanitary inspection,

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etc., in improving notification of typhoid cases; and that typhoid vaccine has not been explained to public, to exposed persons or to physicians as it should have been.

The bulletin states that the day in 1911 when the fourth Colony Club typhoid case died a neighbor across the street came down with typhoid; the neighbors had not been notified that for a long time the department had evidences that their milk supply was the same which had caused 13 cases and 4 deaths from typhoid among Colony Club workers. In one instance seven days elapst between reporting of a case of typhoid and the stopping of the sale of the contaminated milk. Had defectiv methods been corrected in 1911, the 1913 epidemic and several thousand cases between 1911 and 1914 would have been impossible.

Like Whittier, we might say:

Of all sad words of tongue and pen,
The saddest are these: "It might have been."

Contrary to New York's unfortunate experience is that of the United States Army, which shows another triumph of scientific medicin when properly carried out. We quote the following from the *Public Ledger* of Philadelphia:

Buried in the pages of Government reports every now and then are found facts significant of what the poet calls a "thrill'd invisible advance" of human knowledge, in the battle for the truth and the light.

In the United States army the surgeon-general's reports from 1909 to 1912 show the following number of cases and deaths from typhoid fever:

Year.	Cases.	Deaths.
1909	178	16
1910	142	10
1911	69	8
1912	27	4
1913*	0	0

These statistics include not only the mainland of our country, but Alaska, the Philippines, Panama, Porto Rico and Hawaii. Moreover, there were no deaths as the result of vaccination and no one was even incommoded by illness from the latter cause. Yet in the period covered by the tabular view the army increast in numbers from about 69,000 to more than 83,000.

The surgeon-general declares it as his belief that because of the protection given by antityphoid vaccination "typhoid fever will cease to be a scourge to the army in the future."

Such a showing is an incontrovertible answer to the sentimental objections of the antivivisectionists and antivaccinationists against the introduction of a "vile poison" into the human system.

*First six months.

Disinfection of Typhoid Stools.

The method of A. M. Kaiser, of the Hygienic Institute of Gratz University, consists of adding enuf hot water to cover the stool in the receptacle and then adding about one-fourth of the entire bulk of quicklime (calcium oxid), covering the receptacle and allowing it to stand for two hours. The hydration of the lime generates enuf heat to destroy the typhoid organism. While cold water may often suffice, it cannot be depended on owing to the variable quality of the lime. Hot water from 50° to 60° C. will always give the desired results. The lime used should be in lumps, broken up in small pieces and distributed over the stool.—*Boston Med. and Surg. Jour.*

Deaths from Neosalvarsan Injections.

Much attention has been given to a newspaper report of seven deaths in Los Angeles a few weeks ago as a result of the injection of a remedy for a "blood disease." Every physician will be interested and glad to learn what the trouble was and the remedy used.

The deaths occurred in a public hospital of Los Angeles, Cal. A report of the occurrence by the superintendent of the hospital, Mr. C. H. Whitman, gives a complete description of it.* Eight patients with syphilis were tested by all the known tests—Wassermann, a cell count of the cerebro-spinal fluid and the butyric acid test—which corroborated the clinical findings.

Salvarsanized serum was carefully prepared by Dr. A. T. Charlton and it was promptly administered. Seven of the eight patients collapst and died within a short time. There was no question of the proper care of the material injected into the patients. It was prepared in the most thoro, aseptic manner possible.

According to the report of the superintendent of the hospital, the most plausible explanation of the cause of death in these cases is that oxidation had taken place in the neosalvarsan. This could have occurred thru some defect in the glass container that was not apparent at the time the preparation was used.

This outcome is unfortunate in another respect. It will undoubtedly deter many physicians from using the remedy who would have been likely to have employed it.

*From *Southern California Practitioner*, March, 1914.

Health and Life Insurance.

Dr. William J. Mayo, of Rochester, Minn., at the American Life Convention at French Lick, Ind., speaking on the subject of "Surgery in Relation to Life Insurance," said it must not be forgotten that chronic irritation is a common—in fact, the most common—precursor of cancer. Ulcer of the stomach, gallstones, diverticula of the large intestin and many other irritativ conditions in the gastro-intestinal tract are thus a direct cancer menace to the patient. So true is this that the removal of foci of chronic irritation is the only known prophylaxis for cancer. Resection of the stomach for cancer gives about 25% of five-year cures and the operativ mortality is about 10%.

Heart Conditions.

Dr. R. H. Babcock, of Chicago, took up in detail the discussion of the gravity and forecast of the various chronic diseases of the heart. It is the custom to reject or rate up applicants who present evidence of valvular heart lesion, namely, a murmur. But there are many additional factors which should be considered before the onus of a rejection is placed on the applicant. A murmur

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nay be heard in a sound heart, and conversely a diseased heart may not show this sign.

On the subject of blood pressure Dr. Babcock protested against the custom of rejecting an applicant summarily on maximal blood pressure findings alone. He insisted that the pulse pressure—that is, the difference between the maximal and minimal pressure—should be the criterion. And that only a markt variation from normal in pulse pressure gives legitimate cause for rating and rejection.

Overweights.

Dr. H. A. Baker, of Pittsburgh, went on record as believing the overweight, of any age, to be a bad insurance risk. This is particularly true in regard to older men. He warned examiners not to be deceived by the plea of applicants that they are not fat, but muscular, especially in the arms and legs. Elder persons with gout and rheumatic tendencies must be rejected. Another bad sign is the abdominal girth that is larger than the chest.

"Siamese Twins" Cut Apart.

Madeleine-Suzanne, the French "Siamese Twins," were separated March 4th by a surgical operation of extreme delicacy. The operation was performed with specially constructed instruments by Dr. Gustave Le Filliatre, Dr. Risacher and Dr. Victor de Launay and his wife, who also is a surgeon. Numerous other surgeons were present.

Madeleine-Suzanne were joined in the region of the stomach and it was found that a portion of the intestins of Madeleine was within Suzanne's abdomen. This had to be detacht from the wall of the fibrous cartilaginous bridge connecting the two children. A local anesthetic was used and the babies cried a little during the operation, which lasted fifteen minutes.

Both children appeared to stand the operation well, but the surgeons could not give a definit opinion as to the ultimate success of their work.

The twins operated on then were born November 28, 1913. At birth they weighed ten pounds. Both children appeared perfectly healthy and were extremely lively. This operation, however, was considered justified by French surgeons, in view of the tragic deaths of former pairs. Eng, one of the original Siamese twins, saw his brother, Chang, die by his side and himself died of horror in a delirium a few hours later. Millie-Christine and Helene-Judith died in a similar manner.

No such operation as that on March 4th had taken place in France since Dr. Doyen, in 1902, separated the two Hindu children, Radica-Roodica, who died of tuberculosis after the operation.

Unresolved Pneumonia.

J. S. Thacher states that while according to some authorities this condition would seem to lie more in the domain of mythology than pathology, many others assert, with no appearance of doubt or mental reservation, the occasional long-delayed resolution of pneumonic consolidation. On account of these contrary opinions, he has reviewed the experiences of two hospitals with which he is connected, comprising a list of 1,252 cases of pneumonia observed during the past few years. In only two of these was the diagnosis of delayed resolution entered on the discharge card, showing the effect of the prevailing teaching; but in 200 of the cases, which are all that he has been able to study with some care, he finds 34, or 17%, in which the fever ran for three weeks or longer. Of these, in 14 the condition was so mild that, even if they possibly were true instances of unresolved pneumonia, they were of little clinical importance, except to show that such a delay in recovery, if the other symptoms are mild, is usually followed by perfect restoration to health. In the remaining cases there were 6 with miscellaneous complications, 9 of empyema or abscess, 1 delayed resolution with abscess, 1 probably delayed resolution with abscess, and 3 probably simple delayed resolution.

This small series of cases tends, then, to indicate this chief conclusion, that of patients who, after pneumonia, are quite ill with a prolongation of fever, more are suffering from the presence of pus, in pleura or lung, than from any other abnormal condition. On the other hand, many mild prolongations of fever occur without serious import, and among the cases with prolonged high fever there are some which clear up without manifestations of suppuration or tuberculosis, and are probably instances of simple delay in resolution. As suppuration in the pleura or lung is a not infrequent event after pneumonia, and it is most important to remove the pus if it is there, we should, if possible, find the means of recognizing its presence, and especially of distinguishing it from delayed resolution. Physical signs are not infallible in differentiating fluid from consolidation, and the thermometer and the microscope may also fail. We are therefore thrown upon the exploring needle as our main reliance in this uncertainty, but even here there are two discouraging circumstances: the needle may fail to find the pus, and it is not without danger. Still, such exploration must be done, when, after careful examination and watching, it seems reasonable to suspect the presence of pus, and its probable location is evident. Here the radiogram is of great help.—*Medical Record.*

National Conference on Race Betterment.

Four hundred men and women of prominence, comprising the first representativ group of scientific experts ever gathered in America for that purpose, met in Battle Creek, January 8th to 12th, to assemble evidence of race deterioration and to consider methods of checking the downward trend of mankind. The meeting was known as the First National Conference on Race Betterment. Thru the co-operation of the press the objects and aims of the conference have been very widely disseminated and a resultant influence for better race ideals is anticipated.

Already the effect of the conference is apparent in Battle Creek, where popular interest in mental and physical efficiency was awakened by a series of public school tests which showed an alarming percentage of defectiv children in all grades.

The conference had its inception in the efforts of four men particularly interested in race betterment—Rev. N. D. Hillis, of Brooklyn; Dr. J. H. Kellogg, of Battle Creek; Sir Horace Plunkett, former minister of agriculture for Ireland; and Prof. Irving Fisher, of New Haven. At the invitation of a central committee chosen largely by these men, fifty men and women of national prominence in the fields of science and education

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consented to share in the program. Their addresses, together with open discussion of many of the points considered, constituted a very widespread study of all phases of evident race degeneracy and the advocacy of many ideas of reform. Some of the suggested methods of improvement are frequent medical examination of the well, out-door life, temperance in diet, biologic habits of living, open-air schools and playgrounds, the encouragement of rural life, the segregation or sterilization of defectivs, the encouragement of eugenic marriages by requiring medical certificates before granting license, and the establishing of a eugenics registry for the development of a race of human thorobreds.

Treatment of Plantar and Palmar Hyperidrosis.

C. Sabatié, in *Progrès médical,* advises that in plantar hyperidrosis the feet should be bathed daily in water to each quart of which have been added either 5 drams of sodium borate, 1 tablespoonful of tincture of benzoin or of undiluted commercial formaldehyde solution, 4 grains of potassium permanganate, or 2.5 drams of dried alum. The footbath should be hot if the feet are cold and cyanotic, and cool if they are red and hot. Twice daily one of the following solutions should be used as a lotion:

1. ℞ Tincturæ benzoini.....ʒ iiss
   Liquoris formaldehydi.....ʒ ss
   Aquæ.....Ō ij
   Misce.
2. ℞ Quininæ sulphatis.....gr. xv
   Alcoholis diluti.....ʒ iiiss
   Misce.
3. ℞ Acidi tannici.....ʒ ss
   Alcoholis diluti.....ʒ v
   Misce.

Or, the following combination may be applied to the feet:

℞ Liquoris ferri chloridi.....ʒ j
Glycerini.....ʒ iiss
Misce.

Within the patient's socks may be placed soles of blotting paper previously impregnated with a 1% solution of potassium permanganate or a 2% solution of salicylic acid; or again, one of the following powders may be similarly used:

1. ℞ Bismuthi subnitratis.....ʒ xiij
   Sodii salicylatis.....ʒ iiss
   M. et ft. pulvis.
2. ℞ Talci pulveris,
   Bismuthi subnitratis.....āā ʒ x
   Aluminis pulveris.....ʒ iiss
   Potassii permanganatis.....ʒ ss
   M. et ft. pulvis.

Where local infection or eczematous lesions are present, they may be treated, according to indications, with moist dressings, bland powders, zinc paste, or preparations containing ichthyol or tar. Interdigital fissures should be painted daily with a 2% solution of silver nitrate.

In very markt and rebellious cases, the possible value of Röntgen ray therapy should be borne in mind.

General constitutional treatment is not to be neglected, tho an attempt to prevent sweating with remedies internally given would be fruitless. Obesity, the arthritic diathesis, general nervousness, faulty diet, etc., must, on the other hand, be corrected as far as is possible.

In hyperidrosis of the palms the same local measures may be employed as in the plantar variety. Astringent and formaldehyde-containing lotions are the most suitable. In addition, astringent pastes may be applied overnight:

℞ Acidi tannici.....ʒ i
Glyceriti amyli.....ʒ x
Misce.

Thérault states that he has had frequent occasion to observe the good results obtainable in this affection by means of commercial formaldehyd solution, diluted 1 to 10. Where it is necessary to administer treatment about every two weeks he advises that the solution be applied even undiluted, by means of a brush. After allowing it to remain in contact for three minutes, it is washt off by dipping the foot in water. No pain should be caused by its application; if pain does occur the solution should at once be washt off. In twenty-four hours the plantar skin, previously swollen and red, becomes dry. If the solution is reapplied in a few days, further drying takes place and the superficial layer hardens so that walking becomes easy and painless; but in many instances one application suffices. The excessiv secretory activity is checkt, odor disappears, and the integument assumes a somewhat brownish color.—*Gazette médicale belge.*

EXAMINATION QUESTIONS

Ohio, June 2-5, 1913.

SURGERY.

1. Discuss acute osteomyelitis.
2. Describe complete inguinal hernia; give symptoms of strangulation and treatment.
3. Name varieties of goiter and mention the indications for surgical interference.
4. What lesions would you consider in a severe injury about the ankle joint?
5. In an oblique fracture of the lower third of the femur, state the usual position and give the muscular control of the fragments.

Answers.

1. *Osteomyelitis* is inflammation of the bone and marrow; the term is often used now for inflammation of bone.

It is *caused* by infection, the bacteria gaining entrance either thru a wound or by extension from neighboring tissues, or they may be brought by the blood.

Symptoms: Sudden onset; pain, tenderness, fever, chills, swelling of soft parts; sometimes the joint can be moved gently without pain; septicemia or pyemia may be present.

Treatment consists in relieving the constitutional symptoms and preventing the bone from necrosing. An incision down to the bone is made; if pus is beneath the periosteum, the latter is also incised; a piece of bone is removed by chisel or trephine, pus is removed, the endosteum is hurt as little as possible, the wound is irrigated with hot bichlorid solution and packt with gauze; the soft parts are closed and the wound well drained. In case this fails amputation may be necessary.

2. *Symptoms of strangulated hernia: General.* "Severe pain comes on suddenly after some effort, at first referred to the umbilicus, and subsequently to the site of the hernia. This is accompanied by some shock. The pulse is weak, and, tho slow at first, becomes rapid; the skin is cold and clammy; vomiting occurs, and soon becomes frequent and fecal-smelling. Constipation is complete, though both feces and flatus may be passed at first from the lower bowel. The patient generally becomes exhausted from the vomiting and inability to take food. When gangrene occurs the temperature becomes subnormal, the pulse very rapid and weak, and the patient dies of toxemia from the general peritonitis which follows gangrene. *Local.* A tumor forms at one of the hernial

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sites; or more often the patient has been the subject of a hernia, which he now finds to be irreducible, tense, tender and without impulse on coughing. If allowed to persist the sac and coverings become gangrenous."

Treatment is taxis or operation. "Operativ treatment should be undertaken at once when gentle taxis has failed. An incision is made over the sac, which is then opened. There is usually fluid in the sac, so there is no danger of wounding the gut. The fluid is washt away, then the cause of strangulation is made out, and a hernia knife guided up to it by a finger or broad hernia director. The constriction is nicked in one or two places and the gut is drawn down so that the site of strangulation may be examined. Omentum is ligatured and removed. According to the condition of the intestin the further treatment differs. (1) If the gut, tho black, has not lost its polish, it is reduced by gently compressing it to remove the edema. (2) If gangrene is suspected, the strangulated portion must be resected, and end-to-end union establisht. (3) If the gut is undoubtedly gangrenous, one of two methods must be adopted: (*a*) If the patient is profoundly collapst and will not bear a prolonged operation, an artificial anus is establisht by dividing the constriction outside the sac, so as not to open the peritoneal cavity. The loop of bowel is then opened to give free exit to the feces. Most of the cases which have to be treated in this way are so bad before treatment is commenced that a fatal termination must be expected. (*b*) If the patient can possibly stand it, immediate resection gives the best chance, and with Murphy's button or a bobbin much time can be saved. A radical cure is advisable after the strangulation has been relieved, unless the patient's condition contraindicates it. Liquid food is given at the end of twenty-four hours, and the bowels need not be disturbed for five or six days, when castor oil may be given." ("Aids to Surgery.")

3. *Varieties of goiter:* Parenchymatous, cystic, adenomatous, exophthalmic, fibrous, and malignant. *Indications for surgical interference:* Dyspnea, cysts, adenomata, malignant disease (if possible), and in simple cases when medicinal treatment fails.

4. *A severe injury about the ankle joint might suggest:* Fracture of the lower end of tibia, or fibula, or of both bones: Potts' fracture, dislocation at or near the ankle, fracture of one of the tarsal bones, sprained ankle, rupture of the tendo Achillis.

5. *In oblique fracture of the lower third of the femur:* The lower fragment is drawn backward by the gastrocnemius and plantaris muscles, and upward by the rectus, biceps, semimembranosus and semitendinosus muscles. The upper fragment is drawn inward by the pectineus and adductors, and forward by the psoas and iliacus.—*Medical Record.*

(*To be continued.*)

BOOK REVIEWS.

A TEXTBOOK OF THE PRACTISE OF MEDICIN. Eleventh edition thoroly revised. By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicin and Clinical Medicin, Medico-Chirurgical College, Philadelphia. 1,335 pages, fully illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $5.50, net; half morocco, $7, net.

This edition presents a substantial improvement, including all the latest advances in medicin, and judicious consideration of many points hitherto covered but scantily because of lack of extended and general test in practise. It is sufficient to mention the more important additions: McPhedran's sign of peritonitis in typhoid fever, Burke's reflex sign in typhoid fever, Pendergast's test in typhoid fever, phlebotomy and transfusion in hemorrhage in typhoid fever, hot-air inhalations in diphtheria, Lee's sign in acute articular rheumatism, Iron's method of diagnosis in gonorrheal arthritis, Pastia's sign in scarlet fever, copper arsenite and copper sulfate in amebic dysentery, Erb's syphilitic spinal paralysis, Weil's test in syphilis, vegetable days in diabetes, sugar solution in diabetic acidosis, effect of atophan in gouty subjects, radium emanations in gout, salvarsan and sodium cacodylate in progressiv pernicious anemia, benzol in leukemia, vaccine treatment in goiter, hexamethylenamin in acute bronchitis, artificial pneumothorax in hemoptysis, Schepelmann's sign in acute pleurisy, oxygen in sero-fibrinous pleurisy, Stern's sign in tricuspid incompetency, Graham-Steele murmur in pulmonary incompetency, Karell milk cure in valvular heart disease, electricity in arterial sclerosis, diastolic expiration in aneurism, Boas' method of testing motor function of the stomach, McCaskey's method of treating gastroptosis, Meiostagmin's reaction in gastric cancer, Fall and Salomen's reaction in gastric cancer, larval superacidity, Boas' phenolphthalein test for diagnosis of intestinal diseases, Bastedo's test in appendicitis, chlorid retention theory of renal dropsy, circumscribed serous spinal meningitis, progressiv lenticular degeneration, dysbasia lordotica progressiva, myotonia atrophica, and the Towne-Lambert method of treating morphinism. New subjects treated are: Diseases of the parathyroid gland, auricular fibrillation, auricular flutter, extra systole, streptococcus tonsillitis, stenosis of the duodenum, Lane's kink of the ileum, status thymico-lymphaticus. The only weak feature in the book is the index, which is notably deficient; indeed, few of the above important points are mentioned at all.—A. L. R.

A TREATISE ON DISEASES OF THE SKIN. For advanced students and practicians. By Henry W. Stelwagon, M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Seventh ed., thoroly revised. Octavo of 1,250 pages, with 334 text illustrations and 33 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $6, net; half morocco, $7.50, net.

The investigation of syphilis, leprosy, sporotrichosis, pellagra, ringworm, and tropical affections has been notably stimulated within the past few years. The great mass of new information is only to be found in the latest and most thoroly revised texts on skin diseases. In this book, just off the press, the latest knowledge is incorporated. New dermatologic maladies find representation in prurigo nodularis, granuloma pyogenicum, benign sarcoid, and keratosis blennorrhagica. Treatment is given more detail than is customary in many texts, with corresponding increase in value to the general practician. Both the apothecaries' scale and the metric system are given. The long teaching experience of the author has enabled him to give a practical and clear insight to his reader in the matter of diagnosis. It is a well-adapted text for the every-day use of the general practician who must study up every case of skin disease he is confronted with. It is intensely practical, and must be a potent aid in diagnosis and therapy.—A. L. R.

GOEPP'S STATE BOARD QUESTIONS AND ANSWERS. Third ed., thoroly revised. By R. Max Goepp, M.D., Professor of Clinical Medicin at the Philadelphia Polyclinic. 717 pages. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $4, net; half morocco, $5.50, net.

Serology, serum and bacterin therapy, chemotherapy, the newer treatment of syphilis, tropical maladies, diseases induced by animal parasites, and the newer cardiac physiology and graphic methods of study of the circulation of the blood are the new subjects found in this edition. The boards have shown a tendency toward simplification and conciseness, as reflected by the altered forms of many of the questions. This has permitted of dropping many of the former "standbys." "Catch questions" (as where obsolete terms are employed, or the question is framed with the deliberate

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purpose of misleading the student) have been explained and commented upon. The book gives a fairly representativ review of the class of questions askt by all of the state boards, and in the majority of cases the questions are given *verbatim*. The answers given to each question are condenst; the reader wishing to post himself thoroly in the subjects will consult textbooks. Many practicians could find no better method of "brushing up" than by a careful perusal of this book. The man who must stand examination after several years' absence from lectures will find it indispensable.—A. L. R.

SAUNDERS' QUESTION COMPENDS: ESSENTIALS OF NERVOUS DISEASES AND INSANITY. By John C. Shaw, M.D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital. Fifth ed., thoroly revised by Louis Casamajor, M.D., Chief of Clinic, New York Neurologic Institute. 12mo, 187 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $1, net.

This text places the newest information on neurology and psychiatry in the hands of the student. In this edition the part on nervous diseases has closely followed the previous text, but cerebro-spinal fluid findings, a description of cerebro-spinal syphilis, and a rewriting of the section on aphasia in conformance with the Liepmann teachings are noted. No space has been devoted to rare conditions only seen by those of large experience. The sections on diseases of the mind have been changed in arrangement to conform with the modern psychiatry of Kraepelin and Meyer, and hence have been practically rewritten. There has been no room found for anatomy or physiologic discussion, nor has diagnosis entered to any great extent—the author being convinced that a knowledge of these diseases must precede any attempt at appreciation of their differential points. A working biography is appended. The need of the medical student along these lines has been judiciously estimated and well supplied in the text.—A. L. R.

SAUNDERS' QUESTION COMPENDS: ESSENTIALS OF GYNECOLOGY. Eighth ed., thoroly revised. By Edwin B. Cragin, M.D., Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, New York. Revised by Frank S. Mathews, M.D., Assistant Professor of Clinical Surgery, College of Physicians and Surgeons, New York. 12mo, 240 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Cloth, $1, net.

The text serves an admirable purpose in ease of review and summary of results of more pretentious text readings. In this edition the subject matter conforms with the modern ideas and teachings, and the newest aspects of gynecology are outlined. The questions and answers aid in fixing the salient points of each malady in the mind of the student. Etiology, symptoms and treatment are included under each heading. Terseness prevails, but enuf of the essentials are given for purposes of examination. It is a speedy method of testing one's working knowledge of the branch.—A. L. R.

THE ELEMENTS OF HOMEOPATHIC THEORY, PRACTICE, MATERIA MEDICA, DOSAGE AND PHARMACY. By Drs. F. A. Boericke and E. R. Anshutz. Third ed., 223 pages. Philadelphia: Boericke & Tafel, 1914. Price, $1; postage, 5 cents.

The authors aim in this book to give an insight into homeopathic principles. Their work is well done and will serve excellently to aid physicians of other schools to learn something of homeopathy. A great deal of information is contained in this little volume. Therapeutics, materia medica and dosage are carefully given.—J. C. R.

LEADERS IN HOMEOPATHIC THERAPEUTICS. By E. B. Nash, M.D., author of "Regional Leaders," etc. 493 pages. Publisht by Boericke & Tafel, 1011 Arch St., Philadelphia. Price, $2.50; postage, 16 cents.

This is a book on homeopathic materia medica and is one recommended, by the authors of the book just reviewed preceding this, for physicians desirous of familiarizing themselves with homeopathic treatment. The text is complete and very much detailed to guide the therapeutist, and will prove of value to such. The author uses some symbols not explained in his text, which leaves readers unfamiliar with them in the dark as to his meaning. In spite of this it is a good and useful book.—J. C. R.

PATHOLOGY, GENERAL AND SPECIAL. A manual for students and practicians. By John Stenhouse, M.A., B.Sc. (Edin.), M.B. (Tor.). 278 pages, 29 cuts, 1 colored plate. Publisht by Lea & Febiger, Philadelphia and New York. Price, $1.

This is one of "The Medical Epitome Series," being a condenst textbook on pathology, having at the end of each chapter a series of questions for reviewing the subject. As such it is especially useful to medical students. But physicians may find it useful for the same purpose. It presents the best in pathology, size considered. A section on selected state board questions is included.—J. C. R.

HOSSFELD'S NEW PRACTICAL METHOD FOR LEARNING THE SPANISH LANGUAGE. By Tomás Enrique Gurrin. Revised and enlarged by Fernando de Arteaga, M.A., Taylorian Teacher of Spanish in the University of Oxford. Fourth ed., with vocabulary. 448 pages. Philadelphia: Peter Reilly, 133 N. 13th St., 1914. Price, $1.

This is a method for the study of Spanish by English-speaking persons. Each lesson consists of one page on grammar, one on vocabulary and exercises, one on questions, and a fourth containing a reading lesson. The book is very thoro and gives circumstantial detail. The method is very practical, and by it anyone can get a good working knowledge of Spanish. Persons having use of Spanish language could make good use of this book.—J. C. R.

GRAMÁTICA INGLESA NUEVO MÉTODO PRÁCTICO DE HOSSFELD. Para aprender el Inglés. Por Tomás Enrique Gurrin. 444 pages. Philadelphia: Peter Reilly, 133 N. 13th St., 1914. Price, $1.

This book is arranged to teach English to Spanish-speaking persons, and is similar in method to the preceding. These two books would go well together for anyone desiring to learn either language. Vocabularies and verb declensions are all included.—J. C. R.

FAITH AND SUGGESTION. Including an Account of the Remarkable Experiences of Dorothy Kerin. By Edwin Lancelot Ash, author of "Mind and Health," etc. 169 pages, 8 illustrations. Publisht by Herbert & Daniel, 95 New Bond St., W., London, and Peter Reilly, 133 N. 13th St., Philadelphia. Price, $1.

In this book the author endeavors, upon a substructure of "visions" by a young lady, presumably dying, but whose recovery dates from her second "vision," to show the connection between spiritual phenomena and material phenomena. The author freely quotes numerous philosophers and psychologists as bearing out the trend of his argument. It seems to us that the young woman's "vision" markt the turning point in an

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obscure disease, probably of one or more of the ductless glands, of which as yet so little is known. When normal psychology is more thoroly investigated and understood even the visions will be explainable without any mystery. The book is an intensely interesting psychologic study.—J. C. R.

THE INTERVERTEBRAL FORAMEN. An Atlas and Histologic Description of an Intervertebral Foramen and Its Adjacent Parts. By Harold Swanberg, Member Amer. Assoc. for Advancement of Science. With an introductory note by Prof. Harris E. Santee. 16 full-page plates, 101 pages. Publisht by Chicago Scientific Publishing Co., Grace and Osgood Sts., Chicago, Ill. Price, $3, postpaid.

The author of this book found there was no information of sufficient extent on the subject and he endeavored to present it. He made histologic sections of the right first dorsal vertebral foramen of a cat, in which the conditions nearly approximate those in the human, and herein gives photografic plates and descriptions of the results. The whole is a work which should be of great value to every physician treating maladies of the back—spine, nerves, and muscles. The relativ size of the nerve in the foramen is shown in the series of pictures. In some places the nerve is found close to the bony canal of the foramen. The bearing of this proximity in pathologic states is thus apparent.—J. C. R.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION. By John William Fyfe, M.D., formerly Professor in the Eclectic Medical College of the City of New York. A thoro work on specific medication, embodying the work of the late John M. Scudder, M.D. Second ed., 8vo., 784 pages. Publisht by J. K. Scudder, 630 W. 6th St., Cincinnati, Ohio. Cloth, $5; sheep, $6.

This is a very thoro and large treatise on the science and art of diagnosis, materia medica and treatment in which the author goes into great details and explains a great many little matters that are often overlookt and hence lead to error. Diagnosis by eye, ear, and touch is given in all its bearings. General symptoms of disease, specific expressions of disease, secretions, blood, nerves, urin, are considered. Physical diagnosis occupies a large section. Theory and practise of specific medication and the eclectic materia medica occupy the larger part of the book. It is a good, practical book and an excellent addition to any physician's working library. The book should have a Table of Contents.—J. C. R.

POCKET CYCLOPEDIA OF MEDICIN AND SURGERY. Second edition, revised, enlarged, and edited by R. J. E. Scott, M.A., B.C.L., M.D. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $1, net.

Contains a wealth of readily accessible information concerning modern medicin. It has convenient tables of bones, muscles, nerves, etc.; tables of differential diagnosis; dose table; table of poisons; table of postures and positions; table of reflexes; grains to the dram table; table of rales; table of tumors; table of urinary calculi; convertible and comparativ tables of weights and measures, etc. It is accurate and dependable, and will be a valued remembrancer in many cases of sudden call.—A. L. R.

LECTURES ON TUBERCULOSIS TO NURSES. By Olliver Bruce, M.R.C.S., L.R.C.P., Joint Tuberculosis Officer, County of Essex; late Medical Superintendent, Queen Alexandra Sanatorium, London. 134 pages, illustrated. Publisht by Paul B. Hoeber, 69 East 59th St., New York. Price, $1, net.

Is based on a course of lectures delivered to the Queen Victoria Jubilee nurses. The nurse is led upward thru signs and symptoms, prognosis, hygienic care, marriage of consumptiv patients, prophylaxis, disinfection, complications, etc. Sanatorium treatment and diet have due attention. The text will aid any nurse to compass the essentials of the technic necessary to acceptably nurse a case of tuberculosis, and physicians will find it convenient to place in the hands of non-graduate nurses who must take up the care of consumptiv cases in the home.—A. L. R.

THE HEALTHY MARRIAGE. A Medical and Psychologic Guide for Wives. By G. T. Wrench, M.D., B.S. (Lond.), Past Assistant Master of the Rotunda Hospital, Dublin, etc. 296 pages. Publisht by Paul B. Hoeber, 69 East 59th St., New York. Price, $1.50, net.

The subjects are: The value and hygiene of marriage, sterility, neurosis, exercise, food and drink, fresh air and ventilation, warming and lighting, baths and bathing, sleep, housekeeping, hobbies, home arts, dress, menstruation, signs and symptoms of pregnancy, miscarriage, duration of pregnancy, predetermination of sex of the child, labor, lactation, the change of life. It is a volume of good advice which will be of great value to womankind. The bulk of the text will meet the approval of all practicians, and none need fear to commend the book or to place it in the hands of female patients. It is absolutely free from any implied or printed temptation to the reader to practise medicin upon herself.—A. L. R.

THE PATHOLOGY OF GROWTH: TUMORS. By Charles P. White, M.D., F.R.C.S., Director Pilkington Cancer Research Fund; Pathologist, Christie Hospital; Special Lecturer in Pathology, University of Manchester. 240 pages. Publisht by Paul B. Hoeber, 69 East 59th St., New York. Price, $3.50, net.

It deals with pathology of tumors, hypertrophy, regeneration, etc. Much space is devoted to relation between functional activity and growth, and the origin, life history, and cause of tumors. The illustrations are all original, and in the main from micro-photografs. Organomata, histiomata, and cytomata are taken up in turn, and then comes a section on the general morphology and relationships of tumors. One section on the origin of tumors and another on the causation of tumors gives the reader a remarkable insight into etiology. Physiologic and biologic aspects of the subject have full space, and the growth and life history of tumors is notably instructiv. The text has less of prosiness than is common in this class of work, and is clear and practical. Those who find it hard to get interested in the details of adventitious growths will read this book without difficulty. Few small books give so much information of actual availability to the general practician. In the conclusion the author sums up the known facts tersely.—A. L. R.

W. B. Saunders Company, publishers, of Philadelphia and London, have just issued an entirely new 88-page illustrated catalog of their publications. As great care has evidently been taken in its production as in the manufacture of their books. It is an extremely handsome catalog. It is a descriptiv catalog in the truest sense, telling you just what you will find in their books and showing you by specimen cuts the type of illustrations used. It is really an index to modern medical literature, describing some 250 books, including 30 new books and new editions. A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy—and you should have one.

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OUR MONTHLY TALK.

Professional diplomats, that is, stereotyped diplomats, contend that the Mexican policy of the administration has been a failure. They point to the fact that war still continues there. They would substitute a greater war for a smaller, and put our own men and treasure into it. That would be substituting a greater evil for a less, and it would be sure to bring upon us the combined opposition and hatred of all Mexico. If it is true that some people will learn only by war, they are learning by war of their own making, and fighting it themselves.

Of the 15,000,000 inhabitants of Mexico, less than half a million are whites—less than one in thirty; about a million and a half are of mixed blood, and the remainder are "Indians"—not like our red men, but descendants of the ancient Aztecs and Toltecs. So it is not a "white" country. The few whites that are there are Spanish, and they are not successful in the art of government. With a population so composed, will the government there ever be successful?

There are two kinds of successful governments: One based upon justice to all classes and to all individuals, in which there is hearty accord concerning the laws and the manner of making them, and both fairness and tolerance concerning officials. The other consists of a ruling class so powerful as to be able to maintain a semblance of contentment on the part of the masses by force.

The Rio Grande divides not only two countries, but two distinct peoples and two civilizations. But it is not an impassable barrier. They have for many years been coming on this side and finding steady employment at better pay, and a stable government based upon popular participation in the government, and the consent of the governed. They find a stable currency and fair prices, good order, free schools and advanced institutions of all kinds. They return to their homes in Mexico, and as soon as they cross the Rio Grande they find the reverse of all this.

The Mexican is not so dull as to not notice the difference. Many of them come to this side every year for seasonal employment. They take good U. S. money home with them, and occasionally they may take an idea.

What would Texas now be if it had not thrown off the yoke of Spanish and "Indian" ideas of government as represented in the City of Mexico? What would all that strip comprising New Mexico, Arizona, California, etc., that came to us by the settlement—what would all this country now be if it had not come under the Stars and Stripes? These questions will occur to the returning Mexicans sooner or later, if they have not already done so. And then what?

The most natural thing in the world for the northern tier of Mexican states to do is to set themselves free from an unsatisfactory government, and then knock at the door at Washington, just as Texas did.

Under the Stars and Stripes, the evils that have always cursed Mexico could not exist. A degree of justice would immediately be establisht that has never been known on the other side of the Rio Grande. The "grandees" would not be quite so grand; and the common man would be less common and of greater importance. Settlement there by those accustomed to live under the Stars and Stripes would become worth while. Free schools, popular education, a free press, and other necessary institutions of present-day civilization would at once be establisht. Civilization of the real sort would be moved another notch nearer the equator.

The old government would struggle along in the old way in the remaining territory. The old rulers and ruling classes would learn nothing. But the time would come some time in the future for another extension of civilized territory, possibly in the same way.

The ruling classes in Mexico have it in their power to stop the war and establish peace, contentment and prosperity. But they do not know how. They want to "pacify" by military force and exploit the masses in the most cruel and unjust ways, for the benefit of the great land owners who enjoy special privileges with only nominal, if any, taxation. Education of and justice to the masses do not enter their plans. They will cling to their antiquated methods to their own destruction. They cannot always hold back the tide of civilization. And it is a pity that they cannot learn. They must lose in the end. It is always so with the ignorant and the stubborn.

The ways in which civilization spreads her light and dominion are many and various: sometimes by peaceful methods, sometimes by war. Sometimes its spread strengthens national unity, sometimes pieces must be broken off from a nation that cannot march with the procession. The time has come when a stable government must really rest upon the willing consent and the real contentment of the governed. In fact, the time has come when the governing power must rest with the governed—the masses. Particularly is this true when the next-door neighbor, separated only by a shallow stream, is the great nation, the United States of America. It is beyond belief that the people of Mexico, even tho they be "Indians" mostly, shall remain content under the kind of government that they suffer under, with the example that they have just across the Rio Grande. It is natural that the northern tier should rebel. And it is natural that the northern tier should break away, if necessary, and seek the blessings that are enjoyed under the Stars and Stripes.

Acknowledgments.

Municipal Sanitation.—Troy Typhoid Fever Epidemic.—The Relation of the Undertaker to the Public Health.—Tuberculosis and Our Schools. Publisht by the Penna. Dept. of Health, Harrisburg, Pa.

Solving the Mystery of Bright's Disease. A preliminary paper. By John Aulde, M.D., Philadelphia.

The Intravenous Injection of Soluble Radium Salts. By Frederick Proescher, M.D.

Paraffin Nasal Bridge Building—Technic and Report of a Case. By Eugene L. Vansant, M.D., Philadelphia.

The Dethronement of a King. By C. V. Roman, M.D., Nashville, Tenn.

The Negro in Medicin. By John A. Kenney, M.D., Tuskegee, Ala. This is a well-executed history and will well repay reading by anyone interested in the welfare of the colored race.

Syphilis in the Curriculum of Medical Schools. By Wm. Thos. Corlett, M.D., Cleveland, Ohio.

Seventh Annual Report of New York Milk Committee, 1913.

Chinosol, Intensely Powerful, Non-Poisonous Antiseptic. 68 pages. Publisht by Parmele Pharmacal Co., 54 South St., N. Y. The first half consists of articles on chinosol as an antiseptic for surgery of man, reprinted from medical journals, and the second part on veterinary surgery. A copy will be sent to any of our readers on request.

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THE MEDICAL WORLD

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The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
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1520 Chestnut Street Philadelphia, Pa.

VOL. XXXII MAY, 1914 No. 5

The National Antinarcotic Bill.

As we went to press with our April issue we understood that the national antinarcotic bill was about to be considered by the United States Senate and had hopes that it would be passed as sent there from the House of Representativs. At the Drug Trade Conference over this bill in Washington, D. C., nearly a year ago the National Association of Retail Druggists, along with the other members of the conference, agreed to the amended Harrison bill as since passed. This amended bill is the one now before the United States Senate for final action. The National Association of Retail Druggists, however, treacherously abandoned its acquiescent attitude toward this bill and persuaded Senator Knute Nelson to favor and offer an amendment to compel physicians to keep records of each little quantity of medicin dispenst containing any of these drugs.

This action by the N. A. R. D. broke faith with the other members of the conference. The physicians did not attempt to have offered an amendment prohibiting druggists from the unrestricted sale of nostrums, cough syrups, Dover's powder, paregoric, etc., containing these drugs. Once having accepted this in a compromise, they were gentlemen enuf to keep their agreement. This free sale by the druggists is the one harmful part of the bill, but as it is apparently impossible to secure a perfect bill of this nature when so many conflicting interests are at stake, the next best must be accepted. But when it comes to the point of overloading the hard-working physician with burdensome and unnecessary details, that is going too far, and we must oppose it.

The bill as passed by the House of Representativs contained all that was necessary to carefully control the sale and dispensing of narcotics. A similar clause to the amendment of Senator Nelson's was stricken from the original bill in the house for these reasons. And having been removed, there is no reason to replace it to be again removed in conference between the two houses of Congress.

We received information that Senator P. J. McCumber was to offer an amendment requiring physicians to keep records of all these drugs. We communicated with the senator and the following is his reply:

Dr. C. F. Taylor, Philadelphia, Pa.:

DEAR SIR:—I have been prevented, on account of considerable work, from answering your courteous letter of March 23d, in relation to H. R. 6282. That portion of the amendment, to wit, "Provided that such physician, dentist or veterinary surgeon shall have been specially employed to prescribe for the particular patient receiving such drug or article; And Provided further, That such drug shall be dispensed in good faith and not for the purpose of avoiding the provisions of this act," was a substitute which I prepared to overcome the over-strict provision of the original bill. I felt that in a case, say where a child had gotten a cinder in its eye

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which had made it most painful, it was necessary to call a physician to visit that child, perhaps many miles away, and personally attend upon it before he could prescribe an eyewash containing a little cocain. That seemed to be entirely satisfactory to both sides at the time. Afterwards the same delegation which seemed to be satisfied when I drew this compromise measure seemed to wish a further amendment to the effect that the physician so prescribing should also keep a record of the amount of cocain prescribed, etc. While that did not strike me very favorably, and it was not in any way my amendment, for the purpose of avoiding further delay I stated that I should not seriously object. So please do not charge me up with anything in addition to the amendment which I have read, and if you will look over the original bill you will see that this amendment was to protect the physician from the undue restrictions provided in the original.

Thanking you for writing me, I remain,

Very truly yours,

P. J. McCUMBER.

So you see it was not Senator McCumber, but a "delegation" who workt that matter into the amendment and Senator McCumber was made the goat to bear the blame. The senator's hypothetic case for prescribing an eyewash containing cocain is far from good, as cocain is very seldom, if ever, incorporated in an eyewash. Which shows how far astray the layman gets when he attempts to reason on medical matters.

The methods of the N. A. R. D. did not succeed, however, for the profession from all parts of the United States hurled an avalanche of telegrams at the United State Senate demanding that the bill be held up until the medical profession had a chance to be heard, and the bill was held up. This shows what united action by the profession will do. The druggists are constantly on the scene with a hired attorney, and the medical profession must be on the alert to thwart the efforts of those who would shackle their hands.

In the *Official Bulletin of the Chicago Medical Society* of April 11th is stated the willingness and desire of the medical profession to secure and aid proper legislation to control the illegitimate sale and use of narcotic drugs. It makes the following statements:

The medical profession must look with great satisfaction upon this step in the right direction taken by the Federal Government.

No effort is too drastic, when the end in view is the curtailment of the traffic in human suffering and depravity, resulting from the habitual use of narcotics.

It seems that House bill No. 6282, which was entirely satisfactory, has received the attention of our friends, the druggists, after its second reading in the Senate, by an amendment introduced by Knute Nelson, senator from Minnesota.

This is inferred from an article which appeared in the *Journal of the N. A. R. D.*, March 26th, page 1451:

It is suggested that it (H. R. 6282) be amended to *take from physicians, dentists, and veterinary surgeons the right of dispensing or distributing the drugs enumerated in the bill by giving them the right only to administer them.**

If it is true that the National Druggists' Association is behind this proposed amendment, we can only say that it is a shame that an organization of high-minded men has allowed a sordid business trick to interrupt, in any manner, the peaceful course of an effort by the Federal Government to control the sale of narcotics.

If this is an attempt to prevent the dispensing of drugs by the physicians, it is an ill-chosen time and occasion, because the passage of the Nelson amendment by the Senate will cause unnecessary suffering by the public, not by the physician.

Substitute the word Administration for Dispensing or Distribution, in the "Bill" anl you will appreciate what the much discust Knute Nelson amendment means to a patient, needing a narcotic, when the physician called cannot respond at once, tho able to send the medication by a trusted messenger.

Should this amendment be adopted, the result would be serious, either in making of the physician a lawbreaker or, if he obeys the law, reducing his equipment to a point where his services would be only partially effectiv.

If physicians are deprived of their right of leaving a narcotic, Dover's powders, morphin or anything else of like nature to be given by the nurse or taken by the patient, the public will suffer needlessly.

Our Public Relations Committee is to be highly congratulated upon discovering this surreptitious effort on the part of the druggists to further their propaganda of "No dispensing by the physician." in time for organized medicin to make an attempt to block the play.

The following resolution was introduced and passed by the Chicago Medical Society at their meeting on April 1st:

Whereas, House Bill No. 6282, otherwise known as the Harrison Antinarcotic Bill, has passed the House and is in the Senate at Washington, and

Whereas, An amendment has been offered by Senator Knute Nelson of Minnesota practically prohibiting physicians, dentists and veterinarians from dispensing narcotic drugs to patients by substituting the word administration for the words *dispensing* and *distributing* in said bill, and

Whereas, Such amendment would prevent physicians from sending, by messenger or otherwise, remedies for immediate relief when unable personally to attend a patient on the instant, and

Whereas, Such restriction upon the efficiency of physicians tends to limit their usefulness to the people, and

Whereas, The amendment in question is evidently offered purely in the interest of dispensing druggists to the detriment of good medical service to the people, and

Whereas, The record-keeping feature, also suggested by Senator Nelson, is unnecessary and therefore a needless burden to the profession.

Therefore, Be It Resolved, By the Chicago

*Italics ours.

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Medical Society, that the Nelson amendments should be defeated in the interest of public welfare, and be it further

Resolved, That a copy of these resolutions be publisht in the *Chicago Medical Society Bulletin* and that a copy be sent to each United States Senator and the members of Congress from Illinois.

Fortunately for the medical profession in general and the public also, at least one medical society is activly interested in looking after legislation that is harmful to the medical profession in the guise of a "regulating" bill intended to curb evil. All this shows plainly the hand of the druggists' association endeavoring to control the dispensing of all medicins.

Once again we want to urge the passage of the bill as originally presented to the senate. Every amendment added to the bill only complicates matters and jeopards the success of the measure. The inclusion of hypodermic syringes is good; but the phraseology is uncertain and incorrect. We hope the United States Senate will not juggle with the bill any more, but will promptly pass it as received, with the possible exception of the amendment concerning hypodermic syringes.

Narcotic Sale and Addiction.

Something like a wave of hysteria over the possibility of the nation's becoming drug-addicted to a vast extent seems to be emanating from New York City. Just at this time, when physicians are endeavoring to secure the passage of legislation to curb the sales and illegal use of narcotic drugs, the druggists and their associations are jumping into the fray, and by raising a misleading hue and cry are attempting to divert the attention of legislators and the public from the truth. Misrepresentations as to the source from which are obtained the narcotic drugs sold are made with a vengeance. The druggists are accusing or intimating that physicians are the miscreants who furnish these substances and are making the statement that 15% of physicians are themselves addicted to the use of these drugs. Such a statement is unsupported by any evidence available. Only the imagination of the speaker is behind it. But those persons to whom it is told have no means of knowing whether it is true or not and have no statistics or knowledge at hand to dispute it. Hence they are very likely to believe it, and are consequently astounded at the enormity of the addiction. Correspondingly they are willing and ready to listen to these detractors of the medical profession in their suggestions for the necessary remedy.

As a striking instance of this untruth and exaggeration we reprint herewith the following article as it appeared in *The Literary Digest* for March 28, 1914:

This Drug-Endangered Nation.

Little stir has been made by the alarming statements about the drug evil till lately, perhaps because most of us see few of the "dope fiends" and have an idea that the men and women who are giving their lives to the war on such evils are prone to magnify them. But now the problem is engaging the attention of so many physicians, legislators, writers, and social workers, that our newspaper editors are beginning to demand somewhat forcibly new laws, and the enforcement of old ones, to curb this evil. With the cocain habit practically unrestricted, and the opium trade flourishing in spite of the laws meant to regulate it, the United States, declares a writer in the New York *Sun*, has now "distanced every other nation in the world in the volume per capita of its illegitimate drug consumption." And we read further:

The commerce in cocain, heroin, morphin, and opium now approximates the opium traffic of 1906 in China—history's most notorious example of a drugged nation—when after two hundred years of its commerce in opium 6.5% of China's population were found to be opium-smokers. With the aid of practically every civilized nation in the world, China has to-day reduced that figure to 4.1%, while in the United States twenty years of practically unrestricted traffic in drugs has made drug addicts of 4.45% of the population.

Not only is the United States the scene of the world's greatest drug traffic, but cocain and heroin, whose illegitimate use is peculiar to Americans, are among the deadliest of the world's habit-forming drugs. . . . Opium, morphin, and hasheesh send their victims searching for solitude, but a sniff of cocain, after lifting its victim into a half-hour's rosy overestimation, drops him into the streets and alleys in a state of dangerous melancholia. So brief is the drug's effect that it takes from $4 to $5 a day to satisfy a cocain addict—more money than any other drug addiction exacts. That's why "coke" produces more criminals in the city of New York than any other single cause.

Bad as this is, it is growing worse, as evidenced by our increasing importation of coca leaves, "the only source of cocain and the product of a shrub which cannot be grown here."

According to the American Pharmaceutical Association the coca import from 1898 to 1902, inclusiv, was valued at $83,214; from 1903 to 1907, inclusiv, $1,616,690. The present annual consumption of cocain is 200,000 ounces, of which 92% is used illegitimately.

Expense evidently fails to deter the victim. As a result:

Its enormous profit explains the growth of the cocain business. An ounce of cocain, wholesale, costs about $4. Divided into pink pill-boxes and blue bottles, the ounce is sold without adulteration for from $20 to $25 to those who use the needle and know the difference. Adulterated heavily with acetanilid it is sold to "sniffers" for from $40 to $50 an ounce, and half-crazed fiends on the verge of the "cocain leaps" can be made to yield even greater profit. Thus profits ranging from 500 to 1,500% on the investment have entrenched the cocain business on a nation-wide scale.

But we are not to believe that the only cocain fiends are crooks and their associates. Dr. Charles B. Towns, a New York authority, is quoted as saying that "the widespread use of cocain in the comparativly short period of time

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since its discovery has been brought about by *patent** preparations† containing small quantities of it." Then, to take the *Sun* writer's word for it, "25% of America's drug addicts learnt their vice in a doctor's office." And further, "the use of drugs has crept into colleges, where students take them to counteract the effects of overwork; they have crept into the army, where soldiers take them to counteract the effects of underwork." Writers use them to "whip their inventivness to action." "Waiters use drugs to quicken their memory," and "it has been estimated that 15% of all the medical men in the United States are drug addicts." Worst of all, "school children, even at the ages of seven and eight, are offered cocain and heroin by peddlers about public-school buildings." Turning in another direction we see that:

In that section of civilized society known as the underworld cocain addiction is practically universal. Under its influence are most of the daring crimes committed. "Most of the attacks upon white women of the South," says Dr. Christopher Koch, "are the direct result of a cocain-crazed negro brain." Thousands of dingy hovels are scattered thru the negro sections of Southern cities where "snow" is retailed in dime boxes thru back doors which are prevented by chains from opening more than three inches.

In New York City, we are informed, "there is practically no restraint upon the commerce in habit-forming drugs"; as a result, according to one physician, "there are ten deadly drug cases to one of alcoholism." So it is not inappropriate that Mrs. W. K. Vanderbilt, Sr., should have begun to finance an antidrug campaign which will first concern itself with the passage of necessary Federal and state legislation; for "present state legislation is practically *nil*, and there is no Federal legislation, save in the case of the opium traffic, which, instead of being killed thereby, has been increast, it is asserted." A restrictiv measure is now before the New York state legislature. All very well; but the trouble is, says the New York *Commercial*, "that such laws cannot be made effectiv unless similar measures are passed by the legislatures of other states." And the New York *Globe*, seeing the same difficulty, would find a remedy in Federal action—"Congress should act without further delay and enact a drastic law not only to cover the present known habit-forming drugs, but comprehensiv enuf to provide for any new drug that may come into existence." "Restriction of some sort is obviously desirable if the state of affairs is half as bad as it is represented," admits the New York *Sun*. Only, it continues, "instead of tinkering everlastingly with the law, it would be prudent to find out the reasons for the failure of the law as it stands. . . . Having failed to check the illegitimate use of drugs by legislation, the reformers are now for more legislation, and apparently some of them do not care very much whether it interferes with legitimate uses or not." The government has one weapon now, several editors note, since "habit-forming drugs such as opium and its derivativs are excluded from the mails." The Postoffice Department, says the New York *Commercial*, tries to justify its prohibition of the transmission of such drugs by firms in trade

by showing that a large number of practising physicians in this country are evidently violating the law by selling such drugs to the unfortunate victims of the habit. This is the severest arraignment of the medical profession that has yet been made public. If it is true that physicians are the chief dispensers of habit-forming drugs in an illegal and even criminal manner, more vigorous measures should be taken to expose their criminality and to drive them out of business. Physicians are permitted to enjoy certain exceptional privileges, and the breach of faith toward the general public involved in the illegal sale of habit-forming drugs by them is a gross outrage.

The cheapness of these drugs and the ease with which they can be obtained in all parts of the country fairly amaze the New York *World*:

Cocain and its allied intoxicants appear to be about the cheapest things in the market. They are seemingly cheaper than whisky, cheaper than beer, cheaper in proportion to the effects than tea or coffee. Even in the old days of untaxt whisky, when spirits of local distilling could be had for five cents a glass, the price of intoxication was never so cheap as now.

It is evident that there is either an enormous amount of these drugs smuggled into the country, or else that some adroit chemists know the secret of furnishing substitutes that do twice the work for much less money.

The handiwork of the druggists in misleading the many newspaper writers on the subject before us in the lay press is self-evident. We can reliably inform the New York *World* that no chemist has substitutes for cocain "that do twice the work for much less money." As an answer to the animadversions and aspersions of the druggists against the medical profession we call the attention of the profession—and we hope thru them the laity—once again to the fact that this same *Dr. Christopher Koch*, mentioned in the article quoted above, *had more than one hundred druggists arrested in Philadelphia at one time for selling cocain illegitimately*. This shows whom the hands of the law should seek to stop the spread of narcotic addiction. The enormous profits mentioned above are certainly very alluring. Restrictions upon the sale *that restrict* are the necessary essentials. And they should be directed toward the druggists who do the selling.

The statements by unsophisticated or malicious writers that the medical profession panders to these vicious habits is an unmitigated and outrageous insult that should be resented forcibly by the entire profession. If the profession leaves the whole matter to a few lay editors, much will be lost to the profession that could easily be retained were they but to exert their might. Even now two pieces of legislation have been enacted in New York state, which the *New York Medical Journal* inveighs against, the Frawley bill and the Boylan bill. These two bills will require physicians to *keep records* of all opium and its derivativs administered by them, just as they have been required to do of cocain. As the cocain bill went thru the previous

*Italics ours.

†These are the preparations sold in enormous quantities by druggists and recommended in their counter-prescribing.

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legislature the opium bill went thru the recent one. These bills were not opposed by the legislativ committee of the Medical Society of the State of New York. We do not know why. Perhaps dispensing physicians will have to form associations of their own for protection. This certainly will be the case if the present constituted societies do not look after their interests. The dispensing doctors of that state should have opposed those bills.

In regard to the New York laws, the question arises: What next? What bill will be introduced in the next legislature that will add to the burdens of the physicians of New York state? The profession will need to be alive and be prepared for the next session. They had better get their legislators pledged beforehand.

The medical profession of these United States, with all its varied organizations, seems like a weakling when it comes to matters of legislation. It has no organization that looks after its interests properly. The various organizations attend to some few things, but it seems to be nobody's business to look after legislation adverse to the practise of medicin. Our state organizations should each have a paid attorney located at the state capital to keep watch of all inimical legislation. The state association journals should be edited from the capital city of each state and have an editor to look after the interests of the practising physicians during legislativ sessions and thus render distinguisht service to the profession of the state.

Some Useful Drugs That Are Not Mailable.

As we said in our columns last month, the Postoffice Department has ruled that an indefinable class of drugs called "poisons" may not be sent thru the mail. What they define as a poison cannot be learnt, but certain drugs are listed as unmailable in one condition, but still mailable in others. For instance, "strychnin, altho intended for use as a medicin, is not admissible to the mails; but the usual compound of iron and strychnin is mailable." This is much like straining at a gnat and swallowing a camel easily.

The mail service reaches every part of the United States, but the express companies do not. Hence without the use of the mail service a vast number of physicians will be unable to secure a very useful part of their necessary medicins for the cure of the sick. The proper treatment of the sick requires that a physician be enabled to obtain medicinal supplies promptly, and it is more than a hardship, it is a transcendental calamity to the medical profession, especially to physicians living in remote places located at a great distance from freight or express offices, to deny the use of the mails to the dispatch of medicins for their use and the cure of the sick. The longer a patient is sick, the poorer is his family and the nation.

The following paragraf shows the trouble this ruling has caused a manufacturer, at one end, and the doctors, at the other:

First, we received an order from Mexico, the doctor directing that the medicin be sent by mail. Express companies accept no shipments to Mexico. Second, an order came from a druggist in Honduras. He wrote us that they have no express facilities in Mexico. The third was an order from New Zealand. The postage charge was 12 cents, the express charge about $1.50. The latter was prohibitiv. The fourth was an order from a doctor in Florida. He requested that his package be sent by parcel post, since the nearest railroad and express office was forty miles away.

Needless to say, it was impossible to accept and fill these orders, and business and health suffer correspondingly.

BUSINESS TALK TO DOCTORS

May is the month of blooms—the month of promise. That is, Nature promises, and she usually keeps her promises. Don't accept promises from anybody else; require cash.

In May, your winter cases have gotten well. Have a settlement. In cash if possible; if not, in promissory notes drawing interest; and with security, if possible.

Doctor, in May you can rest and recuperate from strenuous winter demands. And be sure to get your books thoroly up to date, for summer diseases will claim your attention before long. Be sure that every debtor on your books gets a statement of his account in full early in May, if you haven't done it on the first day in May (this should be done on the first of every month of the year), and inclose with it a neat letter printed in typewriter type, saying that you are sending statements of accounts in full to all your patrons, and request a settlement in May—say that you want an adjustment of some kind, so that you need not send the account again. Strike for cash, of course, but if you can't get that (be sure to get

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some, if you can), get the accounts changed into note form so they will draw interest, and so you need not keep sending them month after month. It is a good plan to make the notes payable at your local bank; and then you can deposit them with your banker for collection, and they need not bother you any further. Do this with all your accounts during May, and it will be a profitable month for you, even if there isn't much practise to do.

Get, and Then Keep.

Follow the above directions faithfully and judiciously and you are likely to get all that is properly coming to you. Then when you get it, don't let some slick confidence artist get it away from you. Here is a letter that will interest you in this connection:

PACHUTA, MISS., March 17, 1914.

DR. TAYLOR; DEAR DOCTOR:—I am sending one dollar to be placed to my credit on my subscription account. I am very careless sometimes in matters of remittances, but by all means don't stop THE WORLD. If I ever become too much in arrears draw on me and I will honor the draft. Your advice in regard to investments is worth many times the price of the journal. I saved five of my friends $10 each a few months ago. Had it not been for your advice I not only would not have warned them, but would have invested myself. A kind-hearted (?) fellow came along advertising lots in Figland, Texas; would give away a certain number if the lucky party would pay for the recording of deed, which price was $10. THE MEDICAL WORLD had beat him to this burg, and I put the boys wise concerning your advice as to investments before they had turned in their checks.

In dealing with the entire WORLD family as one man you could not do better. But in my opinion the situation of a man's location has quite a lot to do with the proposition as to whether he shall buy land at his own door. I am following your advice to the letter; every dollar I can spare goes into Mississippi lands right at my door. I buy this land for $5 and $6 an acre. Ten years ago I could have bought it for fifty cents an acre; ten years hence I believe it will be worth from $25 to $50 an acre. But tell me what is the physician going to do who lives in a section where land is worth $100 an acre and more if he only earns $400 or $500 a year above expenses? He can only buy four or five acres of land a year. How many years would it take him to purchase enuf land so that he could retire to the farm to spend his last days in peace after some young fellow had come along with his up-to-date laboratory methods of diagnosis, etc., and deprived him of his patronage? A very interesting feature of this proposition is that it is being demonstrated every year by our agricultural experiment stations and our more intelligent class of farmers, that this same land that sells for from $5 to $10 an acre will under intelligent cultivation yield as abundantly as land selling in other states for $100 an acre. The question then, why this difference in land values? The answer is, we need more people. Double the population of Mississippi and you increase land values many times over. I believe the tide of immigration has already turned southward. The agricultural possibilities of the South are being realized more and more every day, and the day is not far distant when we will blossom like a rose. The South gets some pretty hard knocks sometimes, and it usually comes from some shrewd Yankee fellow who gets up a colonizing scheme, gives say $10,000 for a tract of land, spends $20,000 advertising it, and sells for a profit of $50,000 on the whole. The investor should give those colonizing fellows a wide berth. If he wants to purchase land in the South, pick out his location, write to representativ men in the different professions and acquaint himself with land values in the particular section, and locate some honest real estate agent who will make the purchase for a small fee. Dr. Taylor, I have often thought of what the doctor with a small income would do if he lived in a section where land values were high. In fact it has burdened my mind, and since giving you my ideas I feel relieved. Would like to have your opinion on the matter if you have time. Yours truly,

J. S. GUNN, M.D.

Now seems to be a favorable time to invest in agricultural land in your own community *if the price is not too high.* The present prices of food products are almost as favorable to the farmer as they were during the Civil War, 'way back in the '60's. More so in one way, because, while the price of food products which the farmer has to sell is high, wearing apparel, sugar, coffee, etc., which he must buy are not near as dear as they were during the Civil War.

But it is important that agricultural land should not cost too much. It will not bear a capitalization of much more than $100 per acre except under unusually favorable conditions, and in most places not so much as that. The average agricultural yield will not sustain too great an investment per acre, else the interest and taxes will take all the profit. If you pay in full for the land, so that you do not pay actual, visible interest, the interest *charge* is there, just the same. You could get interest on the money, and if, when invested in land, the land does not yield an equivalent in profit or rent, then you are losing the income that you should get from your capital. So do not pay too much for agricultural land. Better lend your money on land security, not placing more than half the selling value of the land. Then you will be reasonably sure of your interest, and if that is defaulted, you will get the land at a safe price.

Here is a letter that may be profitable reading to many:

LANDIS, N. C., April 4, 1914.

MEDICAL WORLD:—Please find inclosed check

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for $3 for 4 years' subscription to your much-appreciated journal. No one could ask for a better rate or better journal. I have been practising since 1905 and have never been without it. When a physician gets so that he can't pay for your journal, he had better quit practising medicin and go to farming.

Our fraternity would be many thousands of dollars better off if it would only heed your admonitions and invest their hard-saved money in legitimate undertakings, instead of sending it away off on a rainbow chase for big earnings that seldom if ever materialize. I never bunch my investments, but put some of my income into building and loan stock, bank stock, drug store, cotton mill, flour mill and other local investments. I am president of our bank and roller mill company, and a director in all of the rest mentioned above. I have made what I have invested practising medicin and investing the proceeds, as you have suggested.

B. O. EDWARDS, M.D.

And here is one of another kind. The writer is evidently a neighbor of the brother spoken of. The letter reads: "I write to inform you that Dr. —. —. ——— has been dead several weeks. He died leaving a widow and four children penniless."

The following letter contains a hint of value:

EVANS CITY, PA., April 3, 1914.

DEAR DOCTOR TAYLOR:—In glancing over the January MEDICAL WORLD, page 7, you urge the profession to pay distant bills by check. I think the suggestion grand, but I want to add just a little bit to your "Just write out a check and put it and the bill in an envelope and mail it," etc. That is all right as far as it goes, but I always put on the check what it is for; as, "Being in full for subscription to January, 1915"; or, "Being in full to date for all demands"; or, "Being in full for sorrel horse"; or, "On account of plumbing." This system has many advantages. I may lose a receipt, or mislay it, before I file it, or my files may burn up, but the check will be at the bank (until I get my book balanced) in a fireproof vault. Besides, I have both the check and the receipt, so am doubly secured. I believe that in a lawsuit a check given in full will be accepted more cheerfully usually than a simple receipt. Then sometimes we wish to refer back and see just how much a certain thing cost, and if checks are filed away in your safe in rotation it is an easy matter to refer to any check and tell exactly the amount expended. One illustration will suffice to show the advantages of paying by check and writing on the check "Being in full for" such an article: Some years ago I bought an instrument cabinet of an agent in Pittsburgh for $30. I paid him $10 in cash to bind the bargain and said I would send check for balance of $20 when I sent for it. Several weeks later I received a most insulting letter from the firm in Indianapolis from whose agent I had bought the cabinet, demanding immediate payment of the balance of $20. Well, I got very busy and called up the bank, and they had cashed the check all right. On it was, "Being in full for balance due on instrument cabinet." In their letter they made a lot of threats of what all they would do if I did not pay them at once. Well, I wrote them a reply well worth framing and told them to go ahead, as I had the check which paid them in full before I ever took the cabinet out of their office. Had I handed the cash to their agent, and not taken a receipt, or lost my receipt, they would have probably compelled me to pay them a second time. As it was, I had the proof that I had paid them, and such proof that they knew they were up against it if they tried to fool with me. Therefore I say, by all means pay not only distant bills by check, but also your local bills as far as possible by check too, and keep the checks for several years at least.

E. P. CUTHBERT, M.D.

I fear that the following, clipt from the Phila. *Ledger* for April 8th, will interest some of our readers:

SEVEN MAIL FRAUD CONVICTS SENT TO THE PENITENTIARY.

JUDGE ANDERSON PASSES SENTENCE UPON STERLING DEBENTURE COMPANY MEN.

NEW YORK, April 7th.—Federal Judge Anderson to-day passed sentence upon seven former officers and agents of the Sterling Debenture Company, who were found guilty last night of using the mails to defraud. In sending them to the Federal penitentiary at Atlanta, Judge Anderson said, altho the defendants maintained they were penniless, they had, in fact, made millions at the expense of thousands of victims throughout the country.

The heaviest sentences, six years, were imposed upon George H. Middlebrook, of Chicago, first vice-president of the Sterling Debenture Company; Frank Shumaker, a former president, and Henry H. H. Platt, a minor officer.

Benjamin C. Mudge, president of the Oxford Linen Mills, of North Brookfield, Mass., received a four years' term. He was a chemist and inventor, whose alleged discovery of a process to make flax yarn from flax straw at an enormous saving was widely advertised by the Sterling company in its campaign for the sale of the Oxford Linen Mills stock.

Three-year sentences were imposed upon Wilbur M. Stone, a patent expert; Elwyn A. Barron, a prospectus writer, and W. S. Edward.

Judge Anderson suspended sentence on Samuel F. Finley, second vice-president of the debenture corporation, who pleaded guilty on the eve of the trial, and testified for the Government. The sentence of Frank E. Winchell, former president of the Oxford Linen Mills, who also pleaded guilty and testified for the Government, was deferred until next October.

The following later news note is clipt from the Phila. *Ledger* for April 19th:

PROMOTER SENTENCED.

Clarence M. Smith, a Wall Street promoter, doing business as Clarence M. Smith & Co., was sentenced to-day to serve six months in the penitentiary on his plea of guilty to an indictment charging him with having used the mails to defraud investors in the bonds of the Oxford Linen Mills, of North Brookfield, Mass.

Inquiries continue to come concerning insurance companies. To such inquiries the following from the *Financial World* for March 28th, will be of interest:

ANOTHER "SAFEST INVESTMENT."

Sutton & Darbyshire, the Philadelphia fiscal agents for the New World Life Insurance Company, of Spokane, Wash., may consider that company's shares the safest investment in the world, but they alone entertain this exalted opinion. But there is a very good reason for these agents to hold this belief, for by their contract they are permitted to retain $6.25 out of each $25 received from the sale of stock. Darbyshire was the publisher of *Spare Moments*, of Rochester, N. Y., stock of which publication he sold to subscribers in considerable amounts. But it went on the rocks despite assurances that the shares were a safe investment.

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ALEXANDRIA, IND., April 10, 1914.

DEAR DR. TAYLOR:—About three years ago I bought 5 shares ($100) of stock of the Empire Life Insurance Co., of Seattle, Wash.—mostly on account of professional consideration. This company, with others, was bought up by or merged into the Columbus Securities Co., of Philadelphia, along in November or December, 1911. I had my misgivings about the transaction at the time and so wrote to the Chief Medical Examiner of the Empire (Dr. Chas. T. Cutting), of Seattle, Wash., at the time. In due time I received my certificate (Income Certificate) from the Columbus Securities Co., of Philadelphia, but that was the last I heard of them. I sent in my interest coupon a year later, and the same not coming back nor hearing from the company in any way or form, I wrote a letter, with the same negativ result.

Can you please tell me whether such a company is still in existence in Philadelphia? If not, what became of it? and the Empire Life Insurance Co.?

L. F. SCHMAUSS.

I wrote to the *Financial World,* of New York, concerning above, and in a very interesting reply they said that "Best's *Insurance News,* a high authority on insurance, has reported adversely on the proposition."

Building and Loan Stock as an Investment.

SILVER CREEK, NEB., March 19, 1914.

EDITOR MEDICAL WORLD:—In reading your "Business Talk" of this month, I notice Dr. Richardson's remarks on investments in building and loan associations; also your request for the experience of others with this kind of investment.

I believe that I was the first to call the attention of the brethren to this form of investment in a letter to THE WORLD some four or five years ago. I said then that I was carrying ten shares of stock ($200 per share) which I expected to mature in from three to five years. By paying in all the money I could spare I have matured it in five years, and received notice the other day that I had more than matured it, and when the April dividend was declared I would have over $2,200 subject to my order. I will take out a prepaid certificate with $2,000 of it, which, left with them for less than eight years, allowing the earnings to accumulate, will amount to $4,000. Something over a year ago, my son having died and my daughter having married, I sold my home and bought a smaller one, as I did not need so much room. That left me $2,000, which I invested at once in a prepaid certificate, so I now have $4,000 thus invested which in less than eight years will grow to $8,000.

In addition to that I have taken out $4,000 more of running stock, which costs me $24 per month and which will take nine years to mature. I am not writing this to boast, but to show how fast a little money put out every month will accumulate if allowed to remain at compound interest. Besides the above, my wife and I have $3,000 insurance that will mature in a few years. We own our own home and auto, and never owe a debt, as I believe that prompt payments gives a doctor a good standing in his community and is one of his best assets.

I have, in the past, invested in some land schemes, mining stock, and even buckt the board of trade; in all of which I lost about every dollar invested. I have never had a very large practise. Have always lived in a small town and had plenty of competition. Am now 62 years old and may not live to see my investments mature, but they are safe, and whether I live or not there will be something for those who survive.

If I had learnt my lesson twenty-five years ago I could easily retire now, but I am still vigorous and activ and expect to stay in the harness for ten years yet.

Hoping my experience may be helpful to at least a few members of the family, I am, enthusiastically, a B. and L. man. W. C. ROBINSON.

EDITOR MEDICAL WORLD:—I must say that THE WORLD is *the* WORLD indeed. Please send me binders, for which find $1 inclosed. I. C. W. FLING, M.D.
Pullman, W. Va.

THE MEDICAL MONTH.

A glowing tribute to the standard of medical education in America, the splendid organization of American hospitals and the beneficence of American research work was paid at Paris, March 7th, by Professor Tuffier, the foremost French surgeon, who occupies a position here similar to that of Dr. Alexis Carrel, of New York, during a lecture on "American Surgery." Professor Tuffier said the spirit of the guiding work of Carrel, Flexner, Loeb and Meltzer at the Rockefeller Institute, and the Mayo brothers in Rochester, Minn., was worthy of emulation thruout the world. The Mayo Sanitarium he described as the Lourdes of the American continent. "What characterizes the medical work of America," he said, "are the generous donations which the universities and hospitals receive from individuals, a tremendous help in carrying out the beneficent work of American surgeons."

Altho the Crocker Research Laboratories, New York City, founded for research work in cancer have been open but a few weeks, 5,000 animals have already been inoculated with cancer. Every time a new method of cure worthy of consideration is suggested 100 animals are inoculated with the disease and placed under observation. At present experiments as to the efficacy of radium are being tried, but it is stated that no definit reports will be given out before the end of three years. One of the most important branches of work carried on at the laboratory is that of diagnosis of cases. The records of investigations are preserved and are at the service of physicians who care to use them. Courses of instruction open to physicians will be a part of the work of the laboratory staff.

Half a million dollars have been subscribed for the new Jewish Hospital in Cleveland, Ohio.

The worries—financial worries—of physicians was the theme of Dr. J. P. Warbasse, of the German Hospital, Brooklyn, before the Economic Club at Boston, February 28th. "The pathos of medicin is that most physicians have to take a gambler's chance and rush from one patient to another, without giving full attention to any, in the hope of being able to eke out an income," said Dr. Warbasse. "Physicians are merely business men, more concerned with getting a living than anything else. The necessity of making a living results in the splitting of fees, in unscientific and poorly paid labor and in quackery. The physician is driven to this by economic conditions."

Trachoma has been found in scattered cases in the schools of lower Indiana and in Louisville, Ky.

An international congress on thalassotherapy convened at Cannes, on the Riviera, April 15th, and discust all manner of subjects connected with the seashore, sunlight, sea-bathing, etc., as means of therapeusis. The main topic of discussion was "Marine Heliotherapy," and a number of addresses were made by leading authorities on the biologic aspect, dosage and therapeutic effects in various affections, especially pulmonary and surgical tuberculosis. The fee of $4 entitles one to the reports and transactions when publisht later. The Treasurer is Dr. Gimbert, Villa des Myrtes, Cannes,

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France. The Secretary is Dr. G. Baudouin, 21 Rue du Mont-Thabor, Paris, France.

At a meeting of the Livingston County Medical Society at Chillicothe, Mo., February 5th, a resolution was adopted that the physicians withdraw their professional cards from the local newspapers, and that they do not allow their names to be mentioned in newspapers in connection with accidents or other matters of professional attendance.

Baltimore, Md., reports several hundred cases of smallpox, the patients having never been vaccinated.

The Toronto General Hospital funds have passed the $3,500,000 mark, and the entire amount has been raised with the exception of $85,000. The total number of inmates is 1,080.

The United States Public Health Service has directed that Gulfport, Miss., be made a relief station, and hereafter all American sailors will be given medical attention free of charge at King's Daughters Hospital.

The stable fly, and not moldy corn or the sand fly, is to blame for spreading pellagra, in the opinion of the expert commission just ending its year's work in the South. Swat the fly!

The American Association of Medical Jurisprudence has been incorporated under the laws of the State of New York. The membership is to consist of physicians and lawyers. The first annual meeting is to be held in New York City, May 2d.

Official information says that at its recent meeting the State Medical Board of Ohio withdrew recognition from the Toledo University Medical Department.

Plans for a Red Cross building in memory of the women nurses of the Civil War have been approved by the commission appointed by Congress to select a site. The property selected is that bounded by Seventeenth and Eighteenth Streets and D and E Streets, and is between the Corcoran Gallery of Art and Continental Hall. The plans provide for two stories and basement, an assembly hall on the first floor, a large museum in the basement and numerous offices. There is now available a fund of $700,000, $300,000 appropriated by Congress and $400,000 contributed by individuals.

The fourth annual congress of the Canadian Public Health Association will be held at Fort William and Port Arthur, September 10, 11, 12, 1914.

Sixty young graduate physicians qualified in the civil service examination for interne at the Philadelphia Hospital, a position coveted by medical students because it is the largest general hospital in the country and offers great opportunities for medical experience. Temple University in former years has led the list. This year it was second, a University of Pennsylvania man being No. 1. Jefferson was third and Medico Chi fourth.

The distinguisht physicians and surgeons, who by their discoveries and their self-sacrifice have done more than all others to mitigate the physical miseries of humanity, are less recognized and remembered, I have often thought, than any other benefactors of the race. Their names may have an unpleasant association with a disease or an operation, but they themselves pass out of sight, altho the lives they led and the work they did, and their observation of human nature, are more interesting than those of many of the men about whom volumes have been written.—*From "Early Memories," by Henry Cabot Lodge.*

The Georgia Surgeon's Club attended the clinical meeting at New Orleans, February 27th and 28th. In addition to the New Orleans program, the club will make a tour of the surgical clinics of Europe, terminating at the Clinical Congress of North America in London, July 27th.

Under the articles of agreement entered into between the city of Cleveland, Ohio, and the trustees of the Western Reserve University the professional work of the City Hospital is to be entirely under the supervision of a staff nominated by that school. The hospital, in addition to very broad social service ideals, is to be made essentially a teaching and research hospital.

The Fourth International Congress of Surgery was held in New York from April 13 to 16, 1914. The meeting opened at the Hotel Astor, April 13th, at 11.30 a. m., and the scientific proceedings at 2.30 p. m. the same day. In addition to the papers read at the congress, operativ demonstrations were given in the different hospitals. The society now numbers about 600 members. Only members will be allowed to participate in the discussions, but the meetings will be open to non-members. Professor Depage, of Brussels, is Secretary.

In the year 1912 the authorities of Tennessee presented the spectacle of licensing 175 persons [including 33 who were granted temporary licenses after having failed to pass the required examination] who were not graduates of any medical school whatever.

There are still four States in which it is not necessary that an applicant for medical license be a graduate of a reputable medical college.

Under the new group plan of the City Hospital, of Cleveland, Ohio, calling for twenty-two buildings, the Contagious Hospital of 100 beds is already done and in operation; while the new Nurses' Home, Administration, Service and Laundry buildings are now under construction and will be finisht very soon.

At the meeting of the Berrien County, Mich., Medical Society, February 12th, a resolution was unanimously adopted setting forth that indiscriminate advertising by the medical profession is contrary to medical etiquet and disgusting to reputable physicians as suggestiv of quackery, and instructing the secretary to request newspapers of the county not to give attending physicians' names when giving an account of sickness, operations, injuries, etc.

The Superintendent of the City Hospital announces that within six months 150 additional beds will be opened up for the exclusiv treatment of acute cases of gonorrhea and syphilis. This new departure in this country will fill a greatly needed want for the city of Cleveland, and will be watcht with great interest by medical men and educators.

Philadelphia's County Medical Society, one of the largest and oldest in the country, plans a

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new $200,000 home in the center of the city. It has heretofore used Thomson and Cadwalader Halls in the College of Physicians Building.

Bennett Medical College, Chicago, Ill., for four years closely affiliated with Loyola University, has been turned over to the university by its stockholders. For four years the Jesuits have had virtual control of the medical college. Loyola University gains 400 students by the transfer. It receives $125,000 worth of equipment also. The name Bennett will be retained.

The new teaching hospital for the University of California Medical School is now assured, over $600,000 being subscribed.

Action taken in Illinois for a campaign of education for the prevention of nervous and mental diseases includes the use of space in newspapers for the publication of facts about the Illinois State hospitals; co-operation between the press and State charities; publication in popular magazines of articles written for the laity; compulsory psychiatry in all medical colleges, and psychopathic wards in general hospitals; a system of care for patients after they leave the hospitals, and a system of outpatient service to advise patients in detention hospitals and homes.

The Commission on Hospital Efficiency named by the County Medical Society of Philadelphia, acting with the State Board of Charities, insists on a uniform system of accounting for the 55 hospitals of the city. This efficiency movement will surely spread over the country. Hospitals must reform their extravagant and unethical ways.

Philadelphia's famous Medical Club, 1,000 members strong, will probably unite with the County Society there in the erection of a fine centrally located building for a permanent home. Then out-of-town members and visitors will at length find a welcome spot until now denied in this great medical center.

San Francisco is the first large city in the United States, it is said, to have a union labor hospital. The Union Labor Hospital and Training School Association closed a lease February 28th, whereby it takes over the McNutt Hospital for ten years at a total rental of $105,000. General patients will be treated at the hospital, but special arrangements will be made for union labor men.

At the annual meeting of the directors of Mount Sinai Hospital, New York, it was announced that Dr. Arpad G. Gerster, who had been visiting surgeon for thirty-four years, and Dr. Julius Rudisch, who had been visiting physician for thirty-nine years, have retired from activ service to become consulting surgeon and physician, respectivly. Dr. Gerster was presented with a silver tea service and Dr. Rudisch with a silver Greek vase. It was also announced that a plot of ground 175 by 100 feet on Fifth Avenue and Ninety-ninth Street, just across from the hospital, has been donated as a site for the additional hospital building, for which a building fund of $1,000,000 has been collected. Half a million dollars is still needed to complete the required amount.

A course of reading on Medical Electricity is elsewhere described in this issue of THE WORLD, and should serve as a practical guide for the many practicians inclined to take up this valuable mode of treatment.

The Robert Koch Foundation at Berlin for Research on Tuberculosis has granted a subsidy of $500 to Professor Lexer, of Jena, for research on the action of light rays on tuberculous tissue, and to Professor Kayserling, of Berlin, to carry on his roentgenologic investigation of the distribution and extent of infection in tuberculosis-ridden families.

Chicago ambulance surgeons have motorcycles since April 1st. Twelve motorcycles are employed, each including a side car, by ambulance physicians in responding to emergency calls.

Justice Potter of the supreme court of Pennsylvania recently handed down a decision affirming an order of the common pleas court of Pittsburgh denying a charter to an organization known as the Chiropractors' Association of Pennsylvania. The refusal of the charter was based on the ground that the applicant had no legal status under the medical practise act.

By order of the St. Louis and Southwestern Railway, all employees connected with the dining-car service of the road were inspected, with the result that one, found to be suffering from a communicable disease, was removed from the service.

The *Times* announced in London, March 28th, that a set of thirty-seven remarkable ancient Greek surgical instruments, discovered near the site of Kolophon in Iona, have been given to Johns Hopkins University and will soon be taker to America.

A group of Lloyd underwriters has fixed a premium of $5 for policies against appendicitis, covering all claims for expenses up to $500.

Col. William C. Gorgas, the man who drove disease out of the Panama Canal Zone, was confirmed by the Senate, January 30th, as Surgeon-General of the Army, to succeed the late Gen. George H. Torney.

Dr. J. M. T. Finney, of Maryland, was elected president of the newly organized American College of Surgeons, at a meeting of representativ American surgeons held January 9th in New York City. The officers are: W. W. Chipman, Quebec, first vice-president; Rudolph Matas, Louisiana, second vice-president; Albert J. Ochsner, Illinois, treasurer; Franklin H. Martin, Illinois, general secretary. The object of the organization is to fill the place in America of the Royal College of Surgeons in England and to "formulate a minimum standard of requirements which should be possest by any authorized graduate in medicin who is allowed to perform independently, surgical operations in general surgery or any of its specialties." The members of the Board of Regents are Charles H. Mayo, Minnesota; Dr. George F. Brewer, New York; J. M. T. Finney, Maryland; Albert J. Ochsner, Illinois; Franklin H. Martin, Illinois; George E. Armstrong, Quebec; John B. Murphy, Illinois; Edward Martin, Pennsylvania; Frederick J. Cotton, Massachusetts; Herbert A. Bruce, Ontario; Charles F. Stokes, Washington, D. C.; William D. Haggard, Tennessee; George W. Crile, Ohio; Robert E. McKechnie, British Columbia, and Harry M. Sherman, California.

The statement was made by a witness before a congressional committee on radium-ore reservation, at Washington, January 20th, that it is the

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plan of a certain philanthropist to give $15,000,000 for free radium cures thruout the U. S. A. It includes the erection of 20 institutes in this country for the treatment of cancer with radium. He proposes to equip each institute with five grams of radium.

The election of several "regular" physicians on the staff of Grace Hospital, Detroit, Mich., under homeopathic control, makes the *Medical News*, January, 1914, speaking for that cult, to rejoice at this evidence of growth of a liberal spirit on both sides, for "if our grandfathers could witness this state of affairs how astonisht they would be! A half century, or even a quarter century ago, the staff who would offer and the so-called regulars who would accept such an appointment would be mobbed, the former by the followers of Hahnemann, the latter by members of the orthodox school." But is our *News* friend not a little late? In such a large center as Philadelphia, and at many other points, homeopathic graduates are freely elected into regular medical bodies, social as well as scientific.

Two years' salary, $5,570, was voted at Washington, February 12th, by the Senate to the widow of the late Dr. Thomas B. McClintic, of the public health service, who died from spotted fever while discovering a successful treatment.

The Seaman's Institute, St. John's, Newfoundland, founded by Dr. Wilfred T. Grenfell, the Labrador medical missionary, is free from debt, and began the New Year without incumbrance.

Leading eye specialists over the world resent the restrictions on the length of sojourn to be permitted in Russia to Jewish physicians who desire to attend the twelfth international ophthalmologic congress in St. Petersburg, from July 28th to August 2d, this year. The congress may be an utter failure because of these medieval efforts of Russia's bureaucracy to curb education of the masses of former serfs by Jewish intellect. Only another case of "special privilege" preying on the public.

Brigadier-General Alfred C. Girard, retired, formerly of the Army Medical Corps, died at Washington, January 31st, after an operation for appendicitis. He was chief surgeon of the Second Army Corps during the Spanish War; equipt the general hospital at the Presidio, San Francisco, and supervised the care of 19,000 patients there during the three years it was under his direction.

The Baptists of Atlanta, Ga., will raise $100,000 for their new hospital there.

The hookworm disease is a greater danger and has workt more harm in this country than tuberculosis, said Dr. Allen J. Smith, of the University of Pennsylvania, in a lecture in Philadelphia February 7th. In money value alone, he declared, the Southern States lost from $250,000,000 to $500,000,000 annually as a result of the scourge. Down South one-third of the people are so affected.

The Christian Church Hospital, of Kansas City, Mo., will start with a $200,000 administration building, the first of a notable group of edifices.

Discovery of a test whereby it is possible to ascertain whether or not a person has eaten contaminated food was announced in Atlanta, Ga., by Dr. Charles W. Stiles, of the United States Public Health Service, in an address before the zoölogy section of the American Association for the Advancement of Science. He considered this discovery of more importance than that which revealed the hookworm as "the germ of laziness." He said: "Thus far the direct agency of the fly in the contamination of food can be clearly demonstrated in any community. Anywhere that the fly exists this test can be applied to warn the people against the insect's menace. While the test itself has no medical value, it affords a simple but convincing demonstration which cannot be ignored."

Philadelphia's great citizen, scientist, physician, writer, Dr. S. Weir Mitchell, died there January 4th, in his 84th year. Our columns' limited space, we regretfully add, do not permit of the eulogy that rightfully belongs to this illustrious American. A great prophet in Israel is fallen.

The medical school of Georgetown University, Washington, D. C., has just lost by death its former dean, Dr. G. Lloyd Magruder.

Louisville, Ky., is to have a new $100,000 hospital, paid for and managed by the United Evangelical churches of the city.

Arrangements have been almost completed for the establishment, as a memorial to Lord Lister in Edinburgh, of a Lister Institute. It is proposed that the institute shall work in connection with the university, but that it shall be managed by an independent board consisting of representativs of the Royal Colleges of Physicians and Surgeons, and of the university, and probably of the Carnegie trustees, who have recently become interested in the laboratories of the Royal College of Physicians. The institute will be devoted chiefly to research work under the direction of the professors of bacteriology and pathology, but it is intended that certain facilities for teaching shall also be provided.

A cure for "sleeping sickness" was announced at Paris by Professor Ehrlich, a combination of salvarsan and salts of copper.

Lord Strathcona's will included bequests of a half million each for Yale University and for a hospital in Montreal, Canada, and $50,000 for hospitals in England.

Surgeon-General Blue, of the Federal Public Health Service, issued a bulletin, January 31st, refusing to license sales in this country of turtle tubercular products prepared in the Piorkowski laboratories in Berlin as a cure for tuberculosis.

The new Friends' Hospital, of Philadelphia, the fifty-sixth in that center, was endowed by the late Anna Jeanes with $2,000,000, but this may be increast to $5,000,000. It will add materially to the teaching facilities there.

George Henry Torney, surgeon-general of the United States Army, died at Washington, December 27th.

Mrs. Russell Sage, John D. Rockefeller, Mrs. E. H. Harriman and James A. Scrymser have pledged a $300,000 fund, upon which Congress has made a conditional appropriation of $400,000, for a building in Washington to be used as headquarters for the American Red Cross.

November 23d the monument in memory of Professor Dieulafoy was dedicated at the Hôtel-Dieu, Paris, having been placed at the entrance of the Trousseau Amphitheater where Dr. Dieulafoy taught for many years.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

The Initial Chill.

EDITOR MEDICAL WORLD:—In reply to your letter of the 12th inst., and in consideration of the request for opinions in the March issue of THE MEDICAL WORLD, relativ to the "Initial Chill in Disease," I append the following, gained from my personal observations.

I have read, with a vast amount of pleasure, the remarks by Doctors Bishop, Williams and Hoxie, all of which carry much that is worth while, but I do not think that either of these writers has "hit the nail on the head." From your letter and the inquiry in your Journal, it would seem to me that you desire a consideration of the initial chill of acute conditions.

The Chill Due to Anemia of the Skin.

That there is an initial chill, preceding other symptoms, in several diseases, he who has given any attention, whatsoever, to symptomatology cannot deny. How frequently do we find a chill pathognomonic of pneumonia? This condition occurs in many other infections. What is the main reason for the occurrence of the chill? Simply a withdrawal of the blood from the external surfaces to internal organs or surfaces, with a lowering of the vitality or heat-producing function of the skin. I do not believe, as does Dr. Bishop, that the chill is invariably due to arteriosclerosis, as we find this symptom, or condition, very frequently in the very young, as well as in the adult or aged. I hardly think that Dr. Bishop will have the temerity to say that the chill of the child or infant is due to hardening of the blood vessels. The chill may be due to central nerve irritation, thus causing a destruction of the circulatory equilibrium. We see this symptom in shock due to one thing or another. We also find it in simple collapse. The ordinary faint may be accompanied by a chill. A loss of blood not infrequently occasions a chilliness, either of mild or great extent. Consequently it is my opinion that the initial chill of practically all acute diseases is due to lack of balance of the circulation, with abstraction of blood from the surfaces. It would seem to me that the chill is more of a sensation rather than a true pathologic condition, and interference with one or more of the special senses or possibly of an unenumerated sense.

I believe that my ideas are borne out by the following quotation from Musser's "Medical Diagnosis," fifth edition, 1904:

"Chills" vary from a passing "creep," or cold sensation extending up and down the spine, to the "shake," or true rigor lasting a half hour or even longer. In infectious diseases the milder form is of as much significance as the more severe. The rigor may be so violent and prolonged as to terminate fatally. It must be distinguisht from the algid stage of cholera and the coolness of collapse. The chill is attended by general tremor or shaking, chattering teeth, cold extremities, pallid face, often parcht, blue lips and finger-tips. Notwithstanding the peripheral coldness and the extreme sensation of cold, the internal temperature rises, and may be 104° to 107° F.

Clinically, a chill or rigor marks the onset of a severe infection, as pneumonia. "Chills" are symptoms of some affections, as malaria. They are seen in the course of many diseases, as typhoid fever, tuberculosis, and septicemia. In typhoid fever they disclose the occurrence of a secondary infection or a mixt infection; they may be due to antipyretic treatment by coal-tar remedies (Osler) or result from constipation. Endocarditis is attended by daily chills or they may occur at irregular intervals. Pyemia and septicemia, purulent inflammation (infections), inflammations of the biliary and renal passages, stone in the biliary canal or the pelvis of the kidney are frequently attended by chills. The morphin habit gives rise to chills, with some fever.

Atropin as a Remedy.

In practically every condition cited by Musser we find a disturbance of the circulation, with internal rise of temperature. As it is impossible to have a rise in temperature, as a rule, without some localized congestion, it is fair to presume that the blood must be abstracted, to a greater or less extent, from other portions of the economy, and that, in consequence, there will be a lowering of the temperature of such parts, with the incident chilly sensation. While Musser does not seem to consider the chilliness of collapse a real chill, in the truest sense of the word, have not many of us seen the cold sensation overcome with a proper adjustment of the circulation? In

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the common "colds," which are almost invariably ushered in with a chill, we invariably find a localized inflammation, either in the nose, throat or bronchi. If we push *atropin* sufficiently hard to drive the blood practically out of the affected part, or until the skin is rosy, we find that both the affection is aborted and that the chill is overcome. In other words, thru the action of our drug we have equalized the circulation, and the heat-producing function of the skin is restored to normal. Not long ago I wrote an article, based wholly on theory, as to the use of atropin in the initial stage of pneumonia. In this paper I stated, as a reason for the use of the drug in this connection, that it was my belief, if we could see a patient at the very outset of the disease, that by abstracting the blood from the lungs and throwing it to the surfaces, the disease might be cut short, if not wholly aborted. Providing the patient could be seen at the proper moment, it seems, in my mind, that the use of atropin in this manner should be rational. I was in hopes that some of the readers of the journal in which this article appeared would make some comments thereon.

It has been my intention to give such treatment a trial, but as yet have not met with a case presenting at the proper moment. It seems to me that the prompt use of this drug should fill the peripheral capillaries and thus relieve the internal blood-vessels, and to such an extent as to both overcome chill and fever, or inflammation. This is, of course, all theory on my part, but does it not at least sound somewhat rational? If atropin overcomes inflammatory processes of the upper air passages, why not those of the lower? Micro-organisms require food and the less that is furnisht them the lower will be their activity. They either do not tarry in the nose or tonsil after proper treatment is instituted, or else lose their virulence, thru lack of proper sustenance, the latter furnisht by the excess of blood to the part involved.

Aconitin, Veratrin and Nitroglycerin.

I have seen the initial chill of pneumonia relieved by the prompt and effectiv application of *aconitin* or *veratrin*, both of which act to dilate the peripheral capillaries, thus restoring the circulatory balance. Not only did they relieve the chill, but lowered the temperature, and simply because of this restoration of balance. I have seen a chill, due to exposure, wherein the capillaries were so contracted as to cause blueness of the skin, with a laboring heart, relieved by a single dose or two of *nitroglycerin*, and I have not a doubt but that I have possibly overcome a tendency to pneumonia thru such procedure. Just another balancing of the circulation, nothing more. I have relieved chilliness of the extremities thru the use of this agent.

Use of Bacterins.

Unlike Dr. Hoxie, I cannot see why the bacterins are contraindicated thru the appearance of the chill. If the theory of vaccine treatment amounts to anything, it would seem to me that this symptom points to the prompt use of agents of such character. The economy is surely "hit hard" in diphtheria, but none of us refrain from the use of antitoxin simply because we know this to be a fact. In the face of an infection, if a vaccine is at hand, it seems to me that it should be used immediately, in that antibodies be formed early, thus overcoming the aforesaid "hit." If the vaccine theory is worth while, and it seems to be, the irritation and incident symptoms are relieved better by the early, than by the late, use of such agents. Why wait until the infectiv agent and its products are so firmly attacht as to be decidedly difficult of removal?

The Final Chill.

Dr. Williams is absolutely right about the final chill. I know this to be true from personal experience. Two years ago to-day I left a hospital bed, where I had been forced to lie subsequent to an operation for the relief of a duodenal ulcer, accompanied by a terriffic hemorrhage. While my temperature remained at normal, or slightly above during the interval between the hemorrhage and operation, almost immediately thereafter it dropped as low as 95° and never ranged above 97.5° F. during the five or six days following my getting out of bed. Nor did it reach normal until, following the advice of my surgeon, I indulged in "Bock" beer. This bears out the contention of Dr. Williams that alcohol is *the* remedy.

Résumé.

In a nutshell, the initial chill of acute infections, in my mind, is due to lack of circulatory balance. Nothing else. I believe that I have determined the truth of this thru the use of the proper agents, such as glonoin, atropin, aconitin and veratrin,

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and thru seeing the chill disappear promptly with the restoration of the proper equilibrium. I may be entirely wrong, but do not think so. GEORGE L. SERVOSS, M.D.
Gardnerville, Nevada.

Corroborates Dr. Servoss.

EDITOR MEDICAL WORLD:—In reply to yours of the 12th would say that as I am and have been for several years specializing in laboratory diagnosis, I am hardly in a position to pass on clinical matters, such as the point you are questioning. It is my opinion, however, that the initial chill of disease is due to a sudden withdrawal of the blood from the periphery to some inner organ. This also happens when a sudden cold breeze strikes the body, in which case the blood is withdrawn from the periphery to prevent its chilling. Such a chill is not followed by a rise of temperature. When, however, the blood is drawn to the interior in response to some overwhelming infection or invasion in some deep-seated organ, the chill caused by this change is followed by a rise of temperature, as the heat-producing apparatus is called upon to destroy the invaders by a high temperature, which we call fever. THEODORE C. F. ABEL.
7 W. Madison Street, Chicago, Ill.

Marks the Liberation of Albuminous Toxins.

EDITOR MEDICAL WORLD:—Replying to yours of 12th inst. with reference to the initial chill in disease, beg to say that I regard it only as a sign of toxins acting upon body cells, and think Dr. Vaughan's theory as elucidated in his Harvey lecture in New York furnishes a complete explanation. The incubation is the period of rapid reproduction of germs and the chill marks the death and liberation of certain albuminous toxins. H. A. CABLES, M.D.
East St. Louis, Ill.

Has No Diagnostic or Prognostic Value.

EDITOR MEDICAL WORLD:—Permit me to thank you for your invitation to take part in the discussion of the "Initial Chill." I read your editorial with much interest and agree with you that medical training of the present day tends to the purely scientific. It is undoubtedly true that much of the wonderful power of observation and sensitivness of touch which characterized the best men among the older members of the medical profession has been lost. It is equally true, however, that some things they considered of prime importance are now demonstrated to be of secondary importance.

To-day we look upon the initial chill as a detail in the picture, and when separated from the other symptoms and signs presented by the patient has no diagnostic import. It is impossible to state as a result of a study of a chill alone that the patient is about to give the signs of pneumonia, malaria, septicemia, etc. Chills are not uncommon in certain disorders of metabolism. We have seen chills occur in those with unstable nervous systems as a result of emotional excitement.

Likewise, a study of the chill alone will throw no light on the prognosis. Many cases of pneumonia, for instance, with a severe initial chill, recover; many do not. The same is true of pneumonia occurring without an initial chill.

To summarize: The initial chill, when considered apart from all other symptoms and signs, has no diagnostic or prognostic value. FRANCIS J. DEVER, M.D.
319 S. 18th Street, Philadelphia, Pa.

We want to hear from the old practicians; those who had no microscopes or other mechanical aids in their younger days (and who, perhaps, have none now). Do not allow lack of confidence in literary ability or penmanship to smother information you think of value to the profession—we will whip it into shape for the printer, if you will get it to us. We want to hear from the man who practises with patients ill in bed; not particularly from the man who sits at a bench in the laboratory beside a microscope and who knows the patient only by a number or the appearance of a glass slide.

Posture and Other Aids in Obstetrics.

EDITOR MEDICAL WORLD:—I have just read the article of Dr. O'Conner in the "Current Medical Thought" department in regard to position in obstetrics. It is doubly interesting to me, in that this "position" works wonders, as that point is one thing that helps me in my shortening the work in labor. I am doing principally a country practise, but my obstetric work averages 50 cases a year, with five other physicians in my territory. With special reference to position, I wish to call attention to one other point that I have found of help to me in shortening labor. When I find a case where the pains are slow and far apart and producing little results, my plan of stimulating pains is by digital dilatation of the os. It may not

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be a prescribed method by the authorities, and, in fact, I have never seen anything of the kind suggested. It is very seldom that I am ever kept more than 1 to 3 hours at the most, with the most sluggish, inactiv pains presenting when I arrive.

My method is to completely cleanse my hand (right or left, as may be needed by position of bed) and insert index finger in place, slipping the inverted finger under the anterior edge of the uterus and produce gentle traction downward, and keep my hand in place, instead of replacing it at every pain, as there is just that much more danger of carrying septic material in by every new insertion. Then when the pains begin to get stronger and more frequent I use the finger by slipping it around the presenting head as it presses down, inside of the os, thus dilating it, and at the same time helping the head to advance more rapidly. After a half hour's work of this nature and I find little progress, I insist on the patient getting out of bed and sitting in the squatting position and have as many pains as she can bear, without getting too tired, walking around between pains. When labor is severe and I see that extraordinary efforts are needed to assist the patient in addition to her being in the squatting position, I help her by getting behind her and placing my knees on each side of the spine and clasp my hands in front of her over the fundus of the uterus (or child), and when her pains come on I can assist her greatly by pulling backward and downward, which increases the pressure against the child and helps to drive it thru the pelvic cavity.

Occasionally I find a case where the head of the child seems to be lockt on the brim of the pelvis, and, of course, destroys pains and natural progress. In such cases simply the squatting position is often sufficient to dislodge that, and natural labor progresses. If the patient does not feel able to assume this squatting position, simply steady, firm pressure on the head of the child, backward and downward, is all that is needed to dislodge the head and start it down the natural course. After working in this way for perhaps a couple of hours and there is very little progress and the patient's strength begins to wane, that is sufficient evidence for me to apply forceps and give her the assistance that is required.

The question in my mind is this: Why is it not just as reasonable and rational to use the forceps as it is to use the knife where it is indicated? We do not wait hours and hours to use the knife where it is needed, and why delay the use of forceps when with their use you can save hours of suffering for the patient besides strength for her recovery? I have heard of cases where the doctor waited until the patient was nearly dead by exhaustion before using the instruments. Another thing I wish to mention is the needless exposure of the patient when using the forceps. I have gained at least part of my popularity in this class of work and hold it by my care in not exposing the patient. It is needless. Whenever I use the instruments the room might be full of women so far as there being any exposure of the patient, not even a bare foot being visible.

One other point I wish to mention in obstetric work is that in nearly all of my cases I give one H. M. C. at the beginning of the second stage of labor, or after pains begin to come strong and regular. Why? Because it saves suffering, stimulates and strengthens the pains, makes them come a little farther apart toward the last, thus allowing more rest to the patient and greater dilatation of the soft parts. Is it not rational? If not, why not? I have never had one single case with any unpleasant after effect from their use, and I have used hundreds of them. Later on in labor, if the forceps are needed and chloroform is, also, you are just one point ahead by having given the H. M. C., as it lessens the danger in giving chloroform, and not nearly so much is required. I have had two cases in my life where I was a long distance in the country and my chloroform gave out and time meant a life and I used 3 H. M. C.'s, completely anesthetizing the patient, which I had to do in order to do the work. One case was where two other doctors were present, and craniotomy was resorted to. The other case was of the same kind (craniotomy) and I had to do that myself, the nearest doctor being 25 miles, and in both of those cases they recovered nicely. One I have attended twice since in normal labor, and the other one once. If 389 cases of obstetrics in ten years, and without one single accident in their use, is not sufficient for a country doctor to be considered a little authority, I am egotistic enuf to ask *why?*

I wish to ask the following question: Is there a case on record where the walls of the uterus gave way, with complete laceration of the left wall, with Fallopian tube and appendages, with, of course, death from

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internal hemorrhage? If not, perhaps I can give the readers a report that may prove to be interesting and perhaps instructiv, from the backwoods in the Ozarks, not far from where Harold Belle Wright made himself nation-wide popularity by his stories. As a general thing, we never tell of our misfortunes or mistakes, but this one was fraught with double dangers of the most alarming nature and I believe worth recording if desired.

JOHN RUSSELL SMITH, M.D.

Warsaw, Mo.

[Rupture of the uterus does occur, but one like yours may never have been reported heretofore. That can only be known after yours is reported for comparison. Send in a careful and complete description to us.—ED.]

Fig. 1.—Arrangement of Chairs, Board, Bucket and Pad. (*H. C. Milburn.*)

A New Paraphernalia for Obstetrics.

EDITOR MEDICAL WORLD:—This consists of four straight chairs and a board 1 in. x 6 in. x 3 ft. The above no doubt will bring on a smile at first thought, but laugh, and I will laugh with you. I have long since concluded that the dorsal position was not the best, after taking into consideration the anatomy and physiologic action brought into play to facilitate delivery, after confining cases of all characters, for a number of years.

I am often reminded of an experience I had some years past. I was called to attend a lady that had given birth to some six or seven children. All these confinements had been under the care of a midwife, but for some reason she decided it best to have a physician in this instance. All went well, a perfectly normal labor, until the head was pressing on the perineum, when she suddenly got out of bed and seated herself in a chair. This chair was the ordinary home-made affair, with raw-hide bottom with a large hole, perhaps a foot in diameter, made in it.

This somewhat took me by surprise, and I asked: "Why do you insist on sitting on this chair?" The reply came: "To have my baby." Not being familiar with this arrangement, I had her get back in bed.

All was soon over and she remarked to me: "Doctor, it is much easier to have a baby sitting in a chair than lying down."

I questioned her about using the chair, and she stated that all her children had been born on that chair and she kept it for the purpose. She claimed to have had no trouble one way or another, and I saw no reason to doubt her assertion.

This case has been food for thought, and as a result the above-mentioned paraphernalia was conceived.

I will now endeavor to explain my theo-

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and will also state the idea has not yet been put in practical use. In the room where your confinement is to take place, select some convenient place and proceed to arrange your chairs. Place two of the chairs about eighteen inches apart, with backs from you; place the third chair just in front of these with back toward you. Place the fourth chair to the back of first two in the same position as the third.

Now place the 1 in. x 6 in. x 3 ft. board on the two chairs that are side by side, so as to project about nine inches over each chair. On this board place a folded quilt or two small pillows.

Have patient sit on the plank between the two chairs so as to rest on the middle third of thighs. Place a foot-tub under patient, take your seat in the rear, or fourth chair, and all is ready. On the rungs of third chair patient will rest her feet and the back will answer for her to grip and rest on during a pain.

Now for the whys of all this arrangement. I have read on several occasions where some have had the temerity to advise the squatting posture, and, as I understand, they still live, and while my mind was somewhat drifting in the same channel, I have decided to risk my scalp. I believe my method will overcome some objections to the squatting position.

While I believe it will generally be conceded that the act of giving birth is identically the same as defecation, only that the uterus takes the place of the intestin.

In the position mentioned the patient should be comparativly at ease and when a pain comes she will support herself, feet, hands and head if she wishes, on the chair in front of her. In doing this she unawares assists her labor by pressing the thighs on each side of the abdomen, as she will naturally lean forward, and forces the child downward. The leaning forward also changes the spinal column, by bowing it backward, which will to some extent overcome the prominence of the sacrum. Gravity has full play, and the child will descend where there is least resistance.

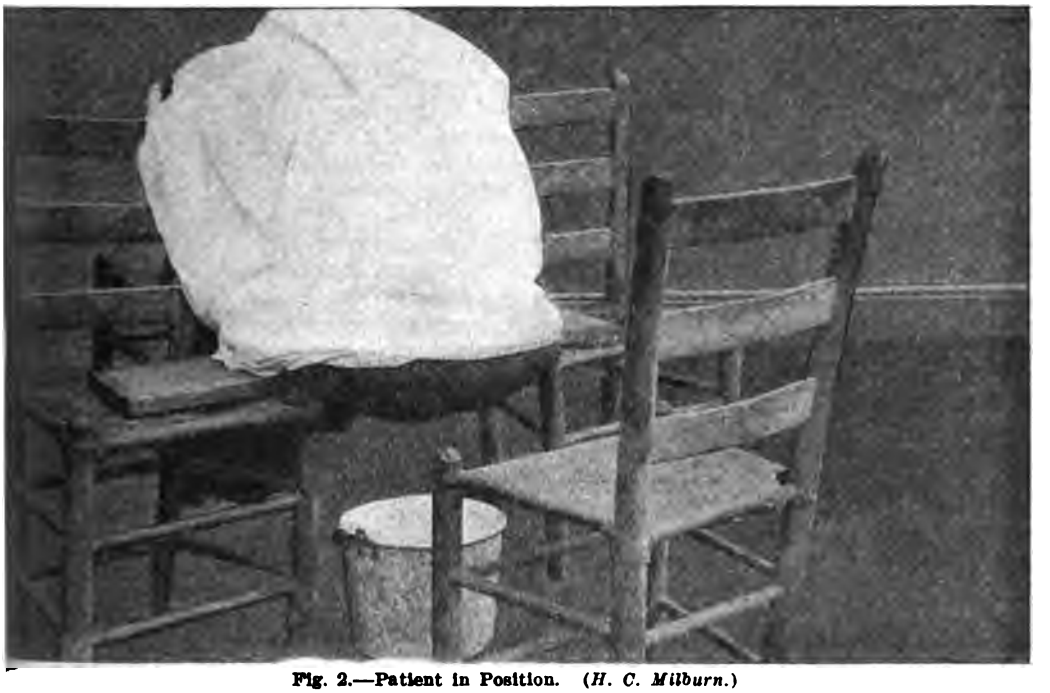

Fig. 2.—Patient in Position. (*H. C. Milburn.*)

In this position I see no reason why all the forces, real and auxiliary, should not be increast and make labor of shorter duration.

The above about covers my idea briefly exprest. Now for another phase of the situation. In this position there is least exposure of the patient; the foot-tub collects the discharge. The perineum can be as easily supported and the toilet of patient can be made before placing her in bed.

The attendant is free to make whatever manipulations are needed. The foregoing is only applicable to ordinary, non-instru-

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mental cases, which covers the majority of our cases.

In complications the above might be brought into use at intervals, as deemed best by the attendant, completing the case in the ordinary way.

Now, my brothers, I am advocating a radical change to accustomed methods so far as I am aware, and will invite your criticism.

I am ever mindful that the most perfected plans often originate from the crudest thoughts. It is the sifting of the chaff from the grain; let mine be the chaff, if it may.

Ville Platte, La. H. C. MILBURN.

Management of Labor in the Rural Districts.

EDITOR MEDICAL WORLD:—When I am called to a case of labor in the country I first ask if there has been any hemorrhage and whether the pains are close together. In the meantime I cleanse my hands, using liquid soap, which I carry with me, and using the same as a lubricant. Then I proceed to make an examination, and if I have time to do so, I arrange the bed by putting under the sheet a piece of common oilcloth and pin the sheet down to the bed; then put a double thickness of some clean cloth next the patient, which I remove as soon as the placenta is delivered and put under her a dry one.

If the pains are good and labor seems to be normal, I do not give anything until during the second stage. If the circulation and respiration are good, I give chloroform when agreeable to the patient. If pains are slow and the cervix patulous, I give large doses of quinin if I have it; if not, I give black pepper tea. When the pains get hard I use the right hand to keep up the examinations and hold the patient's right hand with my left, and brace her right knee with my right shoulder (the patient being in the dorsal position), and have a helper on the other side of the bed to assist. I never let the head make its exit with one pain, but use considerable pressure if necessary to hold it back until I am sure the soft parts are fully dilated.

After the child is delivered I proceed to clean his mouth with a clean cloth. Turn him on his right side and let him rest, provided everything is all right. Then see if the mother is doing well, and if so, I tie the cord about 1 inch from the umbilicus and a second time about 1 inch farther up and cut between the two, then wrap baby in some cloth prepared for him and turn him over to some good old woman to wash or clean with oliv oil or petrolatum. While this is being done I deliver the placenta, first giving a dram of ergot. I knead the uterus with the left hand and make gentle traction on the cord. When the placenta enters the cervix I have her cease all efforts to expel it and let it come away itself, rather holding it back that all the membranes may come away together.

I then take a clean cloth and clean her up as well as possible, and take away the top cloth on the bed, having pulled her gown up out of the way so it does not get soiled, and put a dry one under her, and fold a clean cloth and put over the vulva, then let her rest 2 or 3 hours before doing anything else.

I put her on quinin 3 times a day for 5 or 6 days, and Hayden's viburnum compound and aletris cordial every 4 hours during the day, with oil and 10 drops of turpentine 12 hours after labor, and apply turpentine on a cloth to the abdomen.

I have never had a case of puerperal fever in my practise, and never put my hand in the uterus, except I have an adherent placenta; never found it necessary more than two or three times during my twelve years of practise. It makes no difference how often I have to examin the patient, I never do so without first washing my hands. I am of the opinion that most of the septic trouble comes from unclean hands of the operator. I carry forceps with me all the time, but have never had use for them but a time or two in my own practise, which I attribute to pure old negro luck.

I am sending this thinking perhaps it may help some young brother, as I was very anxious when I began practise to do the best thing possible under the circumstances, and all the time scared some old lady would find something to tattle about. I try to make the patient as comfortable as possible and work very gently, and try to get her full confidence that I understand my business and she has my sympathy.

Vera, Tex. M. M. HART.

Pure *agar-agar*, now being used as a laxativ, absorbs from 10 to 12% of hydrogen peroxid. This can be given in intestinal conditions—*diarrhea*, for instance. The agar-agar yields the oxygen slowly in the intestin, supplying it in the nascent form. It is excellent in diarrheas with foul-smelling stools. It is not effectiv in diarrheas originating in the large intestin or in tuberculous diarrhea. Gambir, tannic acid and other astringents can be added to agar-agar.

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Experience in the Treatment of Eclampsia.

EDITOR MEDICAL WORLD:—On page 460 of last November's MEDICAL WORLD is a report of a case of eclampsia, in which about twenty remedies were given before relief was obtained. It is a wonder that the patient survived the prolonged treatment. Had that been my case, I should have bled her till the spasms ceast, or till the face blancht and tip of tongue paled. Then I would have given her Norwood's tincture of veratrum viride until pulse was down to 60 or 40 and given reduced doses for 2 or 3 days afterward. Also have given a brisk mercurial purge. If patient had not been delivered of fetus, would deliver at once by version. I would expect sure relief by this treatment.

At the session of 1845-46 of the Jefferson Medical College I heard Professor Charles D. Meigs deliver a lecture on eclampsia in which he said that every practician of obstetrics should carry with him a good spring and thumb lance, and if at any time before delivery the patient should exclaim, "Oh, what a pain in my head!" or "Oh, doctor, I can't see!" don't hesitate a moment, but tie up the arm, open a vein and take from 2 to 3 pints of blood, or till pain is gone and sight is restored. He said by so doing you would ward off a sure fit of eclampsia. He further said, if called to see a case of eclampsia, bleed at once freely, as it was the only sure remedy for eclampsia in any of its stages.

My own experience to this day confirms his assertions in every respect. His knowledge of women's diseases of his day was as great, if not greater, than any other practician in the United States, and his treatment of those diseases is as potent to-day as then.

In my own activ practise of 63 years I have treated quite a number of cases of eclampsia in its various forms without a loss of a single case. I always bled freely and to effect, and after 1852 gave Norwood's tincture of veratrum viride to keep pulse below normal. I never had to use chloroform in but one case. All my cases were primiparas. In all cases but one the fetus or child was dead. Of the one that lived thru an eclampsia seizure its mother had a continuous convulsion as long as the pain lasted. Child lived and mother had good recovery.

Had one case that, after convulsion eased, a profound coma ensued, lasted for three days and nights. Pulse and temperature almost normal. She woke up hungry and called for something to eat. Had a good recovery. J. W. HOFF, M.D.

Ann Arbor, Mich.

Treatment of False Labor Pains.

EDITOR MEDICAL WORLD:—Dr. Brandon some time ago described his treatment for false labor pains—very old, but very regular!

I have often given the doctor's morphin treatment to allay true labor pains that were too weak to terminate labor, and have not been disappointed in finding true, strong, expulsiv pains to set in about the time the effect of the morphin had ceast and the patient had gotten a very much needed rest, and therefore labor was soon over, and I have known true pains to follow morphin given to allay false pains and terminate labor before time for that event. In looking over cases that had been given morphin, I am well imprest with the fact that no remedy, not excepting ergot, is equal to morphin in producing vigorous, strong, true labor pains, and therefore in causing an expulsion of the child at any stage. Give morphin enuf to arrest labor pains and labor will very certainly follow in full force and bring about just what Dr. Brandon proposes to prevent. C. R. D. KIRK, M.D.

Shuqualuk, Miss.

Long Umbilical Cord With Knot.

EDITOR MEDICAL WORLD:—Noticing the reports of the knotted umbilical cords in THE WORLD reminds me that a few years since I delivered a baby that had been dead three days, according to what the mother said. The cord had a knot that I could not untie and the length of cord was 67½ inches. I intended to report the length at that time, but the next WORLD had the report of one that was longer, and, of course, if I could not be a WORLD beater I wouldn't enter the contest. AUSTIN R. HEDERICK.

Booneville, Ark.

Successful Obstetric Results.

EDITOR MEDICAL WORLD:—In the March issue of THE WORLD, page 129, Dr. Albion H. French, of Gilmanton, N. H., states that in a practise of thirty-eight years he has had 1,369 confinement cases and *"has not lost a mother."* He further states that he *"boasts over his good luck."* It looks to an observer that something more than good luck is behind a record like this. Not long ago I had the pleasure to listen to a talk on puerperal eclampsia, and in the discussion which followed a younger member of the fraternity stated, with quite a little self-gratulation, that out of a considerable number of cases he had saved 45% of the mothers. I wish to say, without boasting, for I may lose my next case, that in a practise of thirty-one years, in which all kinds

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of maternity work found a place, I have yet to lose my first mother. Luck? Yes, there is luck in everything, perhaps; but with a mortality of 55% something besides bad luck has entered into the proposition. In all our professional work I can conceive of nothing more unfortunate than to lose a woman under these conditions. The frantic desire to give somebody credit for the disaster must be hard to meet and difficult to combat. I could not wish for anybody the bad luck to lose a woman under any of these varying circumstances. E. W. BOGARDUS.
Romulus, N. Y.

Physician With Large Obstetric Record.

Dr. H. D. La Plant, of Sayre, has been the physician in attendance at the advent of 1,416 children, and he says that he thinks it is now time he quit medicin.

Recently a daughter was born to Mr. and Mrs. Daniel Mullaley, and Dr. La Plant was the physician summoned. With that birth the work of Dr. La Plant, who has achieved local fame for his handling of such cases, comes to an end. He has practised in Sayre for eighteen and a half years, and during that time he has ushered 1,369 children into the world. The 47 other births were during the one year he practised medicin in Philadelphia. It is probable that no physician in his part of the country has such a record as that of Dr. La Plant. He expects to leave Sayre soon for Florida, and is planning to spend the remainder of his life in the woods and on the streams, for he is an ardent sportsman.

A Precipitate Labor.

EDITOR MEDICAL WORLD:—Let me relate a little obstetrical experience I had fourteen years ago, in which I had a child born at full time weighing 7½ pounds, with the membrane intact. The child, amniotic fluid, placenta and all rolled out into the bed in one big, round ball. I immediately ruptured the membrane, took the child up by the heels, and gave it a shake and a spank, which brought forth a lusty yell. Child and mother both still living and happy. Has any other brother had a similar experience?
Sedalia, Mo. W. M. WHEELER.

Anemia.

EDITOR MEDICAL WORLD:—The simple form is found frequently among children, caused by hereditary syphilis, tuberculosis, scrophulosis, rachitis, malaria, disorders of circulation, kidneys (especially acute parenchymatous nephritis with hematuria), diarrhea, chronic pus infections, intestinal parasites, disorders of digestion from defectiv teeth, and chronic constipation.

The primary causation may be found in faulty hygiene, referring to food, air and sleep, principally occurring during puberty and presenting symptoms of malaise, nervous irritability, headache, intercostal pain, uneasiness over region of stomach, thyroid swelling, or nervous dyspnea—in fact, symptoms of an intoxication.

The treatment, of course, must be principally hygienic, dietetic and hydrotherapeutic. But a medicamentous therapy cannot entirely be done away with.

Iron, the old standby, can only bring good after the system is in shape to assimilate and excrete same. Arsenic sometimes is of value as an adjuvant. I judge that the more the iron preparations, such as ferrous sulfate, ferrum reductum, ferrous carbonate are triturated and the finer the particles, the better the result. But other drugs are of value, especially as tonics, nucleinic acid, lecithin, calcium glycerophosfate and the bitter tonics, as calumba, gentian and nux vomica.

Examination of blood and hemoglobin test are a necessity, especially if such anemia does not yield, as there is a possibility of anemia splenica or anemia perniciosa, also an intestinal parasite anemia causing great disturbance.

For the adults an anemia is likely to be of more consequence, since the etiology might not be as easily detected, and a number of factors grouping themselves, making therapy a more difficult one, and since we find the anemia to be secondary and more of a symptom of various diseased conditions of the internal organs, we must look to those—for instance, nephritis and anemia—affections of the blood-forming and distributing organs.

Acute anemia following hemorrhage will repair in due time, provided the function of the spleen and marrow of bone answer to the call of repairing. The same is true of the chronic form of anemia to a limited extent; for instance, hemorrhage of stomach, intestins, rectum, etc., provided blood conditions were normal before; but it is not true in the hemolytic anemia or the pernicious type.

The so-called secondary anemias following prolonged sickness and chronic affections of stomach and intestins, as well as the disorders from intestinal parasites. chronic ulcers of leg, which, when the original cause has been removed, are slow to recover and need special mention in therapy.

There is a form of anemia developing as the result of repeated hemorrhage, which, if you allow me the term, can be clast as chronic anemia, which can persist for years. The afflicted ones feel in first-class condition and where an intermittent hemorrhage serves as a vicarious angel. To wit: All those cases of plethora among persons

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past middle age, where the venous system is overloaded and where an occasional hemorrhage from the rectal veins or a nosebleed or, as in women who at fifty or even later yet still menstruate, tho irregular (excluding carcinoma). In short, in all those cases where the period of an apoplectic insult is sure to come is prolonged by this process of vicarious hemorrhage, but which in time, of course, leads to a general thinning of the circulatory medium and vascular as well as organic changes, where the erythropoiëtic system is not able to respond satisfactorily. All those cases can safely be clast as chronic anemia and are accompanied by other chronic affections, as a rule.

The treatment for the general practician in these varied conditions with thin, small, soft pulse is autotransfusion in acute anemia, hypodermoclysis of physiologic salt solution or boiled water, also Locke or Ringer's solution, rectal application of water. In the chronic anemia case, where the pulse is also small, the above methods are contra-indicated, as the composition of blood is rich in liquid already and needs no further dilution, as we often find a weakness of the heart and the vessels insufficiently filled, the heart poorly nourisht. Some of these symptoms we find also following cases of acute anemia. They give a principal indication to cardiac stimulants, as camphor, caffein, strong coffee per rectum, adrenalin, spartein, cactus. Hypodermic medication is the only way, as absorption of drugs or food is impossible.

Later on the diet must be light and varied, rest in bed and warmth applied, as their temperature is below normal for some time. Iron and arsenic come in later on.

I cannot help consider the causativ factors of acute anemia and their treatment. It is surgical and medical: Compression tamponade, Monsel solution, adrenalin subcutaneous; gelatin, sterilized, 10% solution, 40 to 50 c.c.; also the use of horse serum. The latter two are especially valuable in hemophilia. In ulceration of stomach raw scraped beef and broth from calves' liver are in order, not for food only, but as preventiv of hemorrhage, for we know fresh animal tissue contains a substance known as thrombokinase.

This little review is to show the various indications and methods in use in this complicated form of anemia—acute, simple and chronic type.

PAUL G. KOERBER.

Yutan, Neb.

The American College of Surgeons and the General Practician.

EDITOR MEDICAL WORLD:—Have read with interest Dr. Collins' article on American College of Surgeons in March WORLD, page 106.

There are many questions regarding the so-called college which should interest physicians, especially those of small towns, but which thus far have failed to do so.

Editorial comment on the following would be interesting and instructiv:

1. Could the license which we now hold to practise surgery be annulled by law?

2. With all the facts before us, is it apparent that this organization has for its purpose the saving of lives now being destroyed by poor surgery, or is their motiv a selfish one, that of securing all of the most remunerativ part of practise for themselves and those whom they choose to be their successors?

3. Are there not many acute surgical cases seen in the country when a prompt operation by a surgeon of moderate skill will save life when an artistic operation by an F. A. C. S. 24 hours later would result in a funeral?

4. They say that this "legalized murder" is too common. Can they give us any statistics as to this or even a few specific instances? Personally, it is difficult for me to recall a case of death following operation by a surgeon not eligible to membership in A. C. S. Are there many general practicians doing surgery to the detriment of their patients?

5. We are urged to have our surgical cases operated earlier. Surgeons insist that many of their failures are due to the fact that we treat our surgical cases medically too long. Will the perfection of this organization with the legislation they contemplate encourage the hearty co-operation that they have urged for the past two decades?

6. Will there be a tendency to raise surgical fees? Are present surgical fees far out of proportion to medical charges?

7. How will the proposed "college" check the crime of fee splitting? Will not every surgeon who now divides fees be an F. A. C. S.?

8. If the instigators of this college would properly instruct their undergraduate classes in the work they give them their diplomas to do, instead of teaching them to diagnose and refer their cases properly,

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would there be any real function for the new society?

Most readers of THE WORLD are general practicians. It is they who should be interested in the college, for it is they who will find it necessary to invite a member of the college to take care of their most profitable cases if the college succeeds. The editor's opinion has helpt us on numerous occasions, and we would be glad to hear from him on this subject.

Canaseraga, N. Y. H. B. DEEGAN.

[The leading surgeons of America deserve our commendation and admiration for associating themselves together for the advancement of surgery. What the family doctor would like to know is, how this will affect him, both scientifically and financially. If the establishment of the association is for scientific purposes only, it cannot be in any way a menace to the standing or interests of the family physician, and we hope that this is true. With these general remarks, we invite our readers to discuss this question; especially do we invite some prominent member of the College of Surgeons to speak for it.—ED.]

Treatment of Varicose Ulcers.

EDITOR MEDICAL WORLD:—I have just finisht reading the article by Dr. Arthur L. Parks, of Rome, Pa., on the treatment of varicose veins. The article is well written and the treatment good; but it struck me that there existed a great variance in the treatment of different affections, a lot of contrariness and diversity of technic in our application of drugs.

In some affections one doctor will advise very cold applications, another very hot, and in surgery one will say do not let a single drop of water touch the sore, another advises thoroly washing and cleansing the sore with water and soap. Now does not all this seem strange, and very apt to leave a derogatory impression on the minds of the laity, should they ever stop to investigate just how far we are apart in treating different affections? They might naturally conclude that there is very little science in the practise of medicin, after all. Now, I have come up against a question too difficult for me to explain, why all this difference in the application of therapeutics and the administration of surgery.

These thoughts were suggested to my mind thinking over the way I have treated many cases of varicose ulcers successfully. The treatment I use was suggested in some medical journal; anyhow, I did not originate it. When I first read about this treatment I was taken with it on account of its technic and the mechanical part necessary to effect a cure.

First, cleanse the ulcer by peroxid of hydrogen, applying it until all chemical reaction ceases. Then cut a piece of gauze just the size of the ulcer, and apply. Over this spread thickly a powder composed of equal parts of starch and salicylic acid. Now apply a sponge wet, but not dripping; over this run a bandage as far up the leg as advisable, then cover all with cotton, and bandage again. Let this dressing remain for five days; and when it is removed the ulcer will be seen granulating, and healing from the outside inward. About three such treatments will cure almost any old varicose ulcer. I took an old woman off her crutches by using this treatment.

It will be observed that this mode of procedure does not call for any water; and I might say that I never use anything in the way of an ointment, nor the least water in treating such cases. When we come to think that we are dealing with flesh and blood; and when one doctor says, keep the parts cold and wet, and another comes along and says that there is nothing like dry treatment. In such cases—and in typhoid fever—one advises feeding and another therapeutic fasting, what are we to do, and what will the laity think of us? However, there is a right way to do everything, and I have always contended that any one who makes a success out of the practise of medicin must be endowed with a peculiar judgment possest by no other mind; if he is not, he will fail, high education will not save him.

GEO. B. SIMPSON.

Parkersburg, W. Va.

Treatment of Piles.

EDITOR MEDICAL WORLD:—About thirty years ago I had some trouble in the treatment of piles until I found the following remedies, namely, copaiba balsam and carbolic acid, which in all cases gave prompt relief. The first case I gave it to was a housewife who did her own work like most women, and had to do the family washing. The heavy lifting of the clothes boiler and washtub brought on an attack of piles, and the treatment she used was to lay up and poultice them until they broke, discharged and healed up. She had consulted eminent physicians before my treatment without

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much benefit. After getting over one attack to be followed by another one from same cause, she finally started with my treatment. I painted the pile with carbolic acid once a day and gave two 15 minims each of Plantin's copaiba balsam capsules every day, which gave prompt relief and in a few days effected a cure.

The next case was an express-wagon driver, with a pile the size of a walnut and quite black, and making him unable to sit on the wagon seat. I painted the pile with the acid and gave the capsules, which treatment was to be followed every day. The second day he was able to resume work, and in a few days was well.

In my own case I was in the habit of walking fast up hill from my office to my residence every day, which brought on a good-sized pile. I paid no attention to it for several days until it got as sore as a boil, and got to that stage before I took the capsules. I would gamble that no remedy would prevent suppuration, but as soon as I took the capsules I got relief and a cure in a short time.

The acid should be applied by the physician and no others, to prevent the spreading of it. If the bowels are constipated give cascara or any other laxativ. After each movement of the bowels wash the parts with cold water and continue it, and it will prevent piles to some extent.

J. F. GIBBON, M.D.

San Francisco, Cal.

Nitrate of Silver for Itching Piles.

EDITOR MEDICAL WORLD:—I enjoy reading THE MEDICAL WORLD very much. The nitrate of silver application twice daily for "itching piles" is the best yet. N. J. LINDSAY, M.D., C.M.

Calgary, Alberta, Canada.

Sore Lip Caused by "Congo" Pipe.

EDITOR MEDICAL WORLD:—Mr. M. came to me complaining of "sore lips." On examination I found the upper lip was not affected. The lower lip, however, was sore and crackt its entire length, tho a little worse for about one-half inch near the corners.

The patient is a constant user of tobacco in all forms. He is a user of cigarettes, which he rolls himself, perhaps more than any other form of smoking material. He is a carpenter by trade and holds nails in his mouth.

I told him to stop the tobacco and the holding of nails in his mouth, gave him alkaline and antiseptic solution and vaselin to use on the lips, the former to be used as often as convenient, the latter to put on at bedtime.

In about a week the patient reported practically healed and went to smoking again. He used a pipe known as "Congo" pipe, and in about a week the lips were in as bad condition as when he first came to me. The same treatment was again used, with the former results. He again began smoking, but used cigars, cigarettes and a pipe with an amber mouthpiece. The lips did not get sore, and I thought he was entirely cured.

A few weeks later the patient purchast a new "Congo" pipe and began smoking it. His lips began to get sore again.

Subsequent trials convinced me that this man could not smoke "Congo" pipes without getting sore mouth.

The "Congo" pipe is a pipe made out of wood known as "Congo wood." The stem and bowl are cut entire. The pipe is very easy and light to hold in the teeth while smoking. E. J. LYMAN, M.D.

Westbrook, Conn.

Thymol for Tapeworm.

EDITOR MEDICAL WORLD:—In March WORLD, page 119, under head of "Stubborn Tapeworm," I will say I find no difficulty in the removal of tapeworms, head and tail. First I make my patient take a good dose of calomel, podophyllin, and bilein on going to bed, not later than 10 p. m. Next morning a heaping tablespoonful of mag. sulfate in a large glass of warm water. No breakfast, and if no copious movement from the bowels another large dose of salts with a large glass of warm water every 2 hours till effect. Then give patient five 5-grain capsules of powdered thymol *C. P.*

Patient to take one capsule every 20 minutes till all taken. Must be taken with half a teacupful of hot milk. When bowel moves patient to sit over a large pail or small tub of warm water, *not hot.* If the worm don't come, repeat the thymol. But I have not found this necessary, and have removed many after oleoresin, male fern and other remedies failed. The above doses are, of course, for adults, and must be modified as to age. DR. J. C. DREHER.

Battle Creek, Mich.

Dr. L. F. Watson, of Oklahoma City, Okla., has injected urea and quinin hydrochlorid into hypertrophied thyroid glands, with markt improvement and cessation of symptoms. He used 90 minims of a 1% solution.—*New York Medical Journal.*

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Male Fern and Chloroform for Tapeworm.

EDITOR MEDICAL WORLD:—In answer to Dr. Baldwin, page 119, March WORLD, I wish to point out where his treatment failed and give a tapeworm remedy which will do the work without fail. Prepare the patient by fasting for 24 hours, giving two doses of salts six hours apart. Then give, next morning, nearly two-thirds of the following:

℞ Male fern.....3 ij
Chloroform.....3 ij
Croton oil.....*m* iv
Glycerin.....q.s. ad. ℥ ij

Give in one-half pint of warm milk. If you do not get desired result in two hours, give the balance. When the bowels move have the patient sit on a vessel filled with warm water so the nates are immersed in the warm water. *This is very important,* as you may not get the head otherwise, altho the chloroform makes them very groggy. I have used this for years and never failed to get the head the first time. Try it and report in this case.

Sault Ste. Marie, Mich. T. N. ROGERS.

Heart and Kidney Diseases.

EDITOR MEDICAL WORLD:—May I report a few interesting cases?

Case 1.—Woman, age 50, married, personal and family history negativ, had on February 26th a rather profuse nose bleed. Checkt without medical aid, but on morning of 27th bleeding began again. I was consulted over 'phone and made some suggestions which the family could carry out; was not askt to call.

On my return from the country about 11 a. m. my office girl told me to go to this place at once, that they had called several times. I found the woman alone, very nervous and the blood streaming from her nose. I immediately packt nostril, and bleeding ceast. Packt again on February 28th and March 1st.

I now took the patient's blood pressure, and found it to be 290! Twenty-four-hour specimen of urin showed 22 ounces, S. G. 1.012, albumin and casts. Heart, soft mitral systolic murmur, enlarged left ventricle.

Comments: This woman has arteriosclerosis, mitral vegetations, and I think chronic interstitial nephritis. The systolic blood pressure was the highest I have ever seen. The nose bleeding saved her from apoplexy, and it is very likely cerebral hemorrhage will be the final scene.

Case 2.—Man, married, age 30, family history negativ, has had at least one attack of rheumatism, 6 feet tall, strong and hearty. March 5th his wife came to my office and askt for some medicin for her husband for his hands going to sleep, and informed me it was rheumatism. Refused to send anything. Several days later the man came to my office. Examination showed mitral murmur; urin, 24-hour specimen, 30 ounces; S. G., 1.014, some albumin, no casts. Blood pressure, 160. The man said: "I am not sick." No, he isn't sick, but is on the edge of a chasm!

Fredonia, Kan. E. C. DUNCAN.

Silicea for Dislocating Jaws.

DEAR DR. TAYLOR:—Will you allow me to interrupt once more? In March WORLD, page 120, Brother Paige, of Kansas, wants help on dislocating jaw, and on next page you very comfortably say, "nothing doing." Good! I admire a man who will say I do not know. Allow me. The condition can be cured; not only helpt, but cured. I have done it, so am sure it can be. My first case of the trouble was as bad or worse than Dr. Paige's, 22 years of age, and it was a young married lady in the best of health otherwise. It took me quite a while to get the case taken, and when I got it thoroly mastered the indicated remedy was *silicea.* I gave it *high,* one powder, and in less than a week results were observable. One powder about every six months for two years and there was no more trouble.

In studying the case I forgot the jaw and its desire to snap and stick, which it did several times, and took down all I could of the patient. Hard to see any remedy indicated, until I found her, one day, eating salt and pepper in vinegar. She would pour a saucer one-half full of strong vinegar, then make it thick with salt and black pepper and eat it with a relish. That pointed the way and I chose silicea, with the very best results. Tell Brother Paige to take the case, select his remedy and then give it high, and he will get results.

Waukegan, Ill. DR. J. F. ROEMER.

Dr. Emory Lanphear's Views on Division of Fees.

DEAR DR. TAYLOR:—What do you think of this? Comment on it if you like.

Why I Believe in Division of Fees.

I am a socialist. As a socialist I believe:

1. The chief asset of a nation is the health of its people. Therefore,

2. The first object of government should be preservation of the public health. Therefore,

3. Every doctor should be a government official—his duty being, first, to prevent disease, and, second, to treat the sick, devoting his entire life to the public welfare.

4. For these life-services all doctors should receive the same pay, with retirement on full pay at 65, or on total disability.

As it is impossible to attain these things at

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resent, I practise division of fees with doctors. Why? Because,

It is not right that I should receive $300 to $500 or an hour's work while my brother-practician gets but $10 to $25 for perhaps more service and certainly equal responsibility.

On a working basis it has been found that 60% or me and 40% for the family doctor (adding o this what he generally receives from the patient about "evens up") is an equitable division n most instances.

In order that there may be no suspicion of overcharging on my part, *I always leave the fixng of the fee with the family doctor,* who best nows whether or not his patron is able to pay he usual reasonable charges of the surgeon.

In the 25 years during which I have limited ny practise to surgery and gynecology I have never charged more (in order to get more money o "divide") than my services were worth. Can hose who condemn me for "dividing the fee" say is much? EMORY LANPHEAR.

St. Louis, Mo.

[Whatever may be the outcome of the controversy over the division of fees by surgeons, Dr. Lanphear strikes the right note, and one with which we heartily concur, in allowing the family physician to state the fee for operation. We have found in numerous instances that surgeons raise the price for surgical operations, no matter what amount the physician estimates the price will be. For instance, a physician in a small town called a surgeon from a large city to do a surgical operation on one of his women patients. The surgeon inquired of the family physician how much could the husband of the woman pay, and was told $50. The surgeon performed the operation and sent a bill for $250. It took the man a year to pay the bill, but he paid it. During this time it is doubtful if the family physician received any pay whatever, tho it is very likely that he was needed a great deal. Thus the surgeon may mulct the family physician who sends him patients.

In another instance for a minor operation a physician told the surgeon that he had told the patient the operation would cost $10. The surgeon sent a bill for $15. The patient was so incensed over the difference that the doctor was nearly discharged. Moreover, the operation had to be done again, and the second surgeon did not charge anything. The charges for surgery are undoubtedly too high and for medical practise entirely too low. Physicians should strive for a more equitable ratio.—ED.]

Chiropractic, Again.

EDITOR MEDICAL WORLD:—Some one has said: "It is better not to know so much than to know so much that ain't so." On page 67 of February WORLD "Iowa," who evidently is ashamed of his name, tells your readers that chiropractic was founded by B. J. Palmer, of Burlington, Iowa. "Iowa" evidently does not know that it was D. D. Palmer, the father of B. J. Palmer, who was at Davenport, and not Burlington, Iowa, who claimed to be the founder of chiropractic. The remainder of his communication is just as erroneous as the first paragraf, which has not a truth in it. The basal truth of chiropractic science is not that "all disease is caused by impingement (undue pressure upon) spinal nerves as they leave the spinal canal," but the basal truth is that "nerve force controls function" and that "abnormal function usually results from interference with nerve action or nerve supply." See editorial on "Non-Medical Treatment" in January MEDICAL WORLD, page 4.

When "Iowa" was a child and strangled or chokt, his mother slapt or pounded him on the back between the shoulders and he coughed up or swallowed the obstruction. She did not know why, but it relieved him. If "Iowa" could have taken a hint, he probably would have discovered that the nerves of the third and fourth thoracic vertebra relax the throat and lungs. The Japanese practised these spinal movements and lost fewer wounded than any nation that ever went to war, proportionately. Why?

His description of the way chiropractors adjust a patient is just as true as the rest of his statement. They do not place a finger on the vertebra and "percuss with the fingers of the other hand," but by scientific manipulation suitable for each part of the spine they seek to remove any interference with normal nerve action.

May I repeat, "It is better not to know so much than to know so much that ain't so"? May I also suggest, in the interests of both "Iowa" and his patients, that he open his mind and enlarge his vision and see if he cannot recognize "truth" wherever found?

I have read THE MEDICAL WORLD for years, and appreciate its many excellencies. I want to be openminded to "Truth" wherever found.

Los Angeles, Cal. N. B. RAIRDEN.

Large Family in Canada.

EDITOR MEDICAL WORLD:—In the March WORLD is an article and portrait of a Pennsylvania family of twelve children. It is certainly a very interesting group and one which any father and mother might well be proud of. Figure 2 shows that the children who are married are doing their duty by following in the footsteps of their parents, and proving to the community where they reside that they do not believe in race suicide.

I have a large portrait of my parent's family, but none in a shape that I can send for insertion in THE WORLD, but I wish to let the readers of it know that the Province of Ontario, Canada, can produce as good a showing as the State of Pennsylvania in the way of large families.

The family consists of fourteen children, eleven boys and three girls. All lived to reach manhood and womanhood. There is a pair of twin boys, of which the writer is one. My twin brother is living and we have reacht the seventy-five mile-stone, and resemble each other so much that frequent mistakes are made by our acquaintances. We are in the enjoyment of good health and I trust have many years of health and comfort before us. My parents were members of the Society of Friends, or Quakers, and, as they lived good temperate lives, the children were healthy.

What may seem a little remarkable is, that not one of the family became addicted to the use of alcoholic liquor or tobacco, are total abstainers. The French people in the Province of Quebec are noted for having large families; it is quite a common thing to see a family of twelve children or more. A. NOXON, M.D.

Toronto, Canada.

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Iodin Applications in Pulmonary Diseases.

EDITOR MEDICAL WORLD:—Dr. Hunt asks: "Please mention the best formula for an ointment to be applied to babies and children in broncho-pneumonia, croup, colds, etc." When the writer was a medical student he wondered why oily preparations were recommended to be applied to a patient's chest in case of pneumonia, etc. I was taught in school that the skin is "the third lung." Why, then, when the lung is congested, should the skin be covered with an oily mixture? Treatment by absorption of the oils, or what was contained in the oils, can be argued. Do the oily mixtures prevent oxygen from entering the system thru the skin?

After a few years "following the flag," I changed to using this mixture over the chest in all the lung affections: Mix 1 dram of iodin crystals in a quart of alcohol. Wet flannel cloths in this and keep it on chest and back. In smaller children I reduce it further by adding 50% more alcohol.

Will any member of THE MEDICAL WORLD using this successfully write me?

McKees Rocks, Pa. L. M. HERRINGTON.

Vox Populi Crost the Ad Valorem.

EDITOR MEDICAL WORLD:—One of our boys was in the Civil War who was called "Doc." Four of them stopt at a farmhouse and askt for something to eat. They were refused. So one of the boys says, "Come on Doc; let's go." The man of the house heard them call him "Doc" and askt him if he was a doctor. He replied, "Yes." He was then askt to come in to see the man's sick daughter. "Doc" had some medicin in his pocket which he had been taking, and he gave some of it to the girl.

The farmer insisted on the four boys spending the night there, and they readily acquiesced. The next morning the girl was much better. The farmer askt "Doc" what was the matter with his daughter, and "Doc" told him "the vox populi had crost the ad valorem." PAUL PENISTON.

Newnan, Ga.

Dr. Loquacious.

A Modern Fable by E. Clair.

"Well, I had two calls before breakfast to-day," said Dr. Loquacious to a citizen who happened to be passing him on the street. "Yes, business is rushing." The citizen smilingly nodded as they came abreast, but as he did not stop to talk, the doctor balled this after him: "I can afford a good, square dinner to-day."

At the village P. O. Dr. Loquacious found several people who were willing to listen to almost anything while they were waiting for the mail to be sorted. Parcel Post had just started in good shape and many packages kept the impatient waiters longer than usual, so not many of the Doctor's few patients escaped a free lance, impromptu sketch. The foolish young fellows, the old maids and the widows, one and all, came in for their share. And yet Dr. Loquacious was a well-meaning little scamp.

When the delivery window was about ready to be opened, in walkt the other village doctor. He only gave a cold nod to those who found themselves directly in his path. He was tall, dignified, and as close-mouthed as a clam. People could guess and wonder about his business all they pleased, but that is all the good it ever did them. His clients knew and approved of this. He workt hard and said nothing, and as a result he had the greater part of the practise for miles around.

Dr. Loquacious could not understand, so he lived on talking, and wondering why it was that his rival was so successful, but talk as much as he would he could not build up his own practise to suit himself.

Protection Against Dead-Beats.

EDITOR MEDICAL WORLD:—A committee has been appointed by our county medical society to investigate and make recommendations toward an arrangement protecting physicians from "dead-beats" in our community. Articles have appeared in your journal at different times on this subject. I hope any readers who can help in this effort by experience in their community will communicate with me directly or through your journal. E. C. CARTLEDGE, M.D.

701-703 Grant Building, Atlanta, Ga.

Time Chronicled in a Skull.

By Miss Frances Jane Crosby.

The blind poet and song writer of New York City, now over 90 years of age.

[A human skull was once put into her hand in which she placed a watch, and a few hours later these thoughts came to her that she has expressed.]

Why should I fear it? Once the pulse of life
Throbbed in these temples, pale and bloodless now.
Here reason sat enthroned, its empire held
O'er infant thought and thought to action grown.
A flashing eye in var'ing glances told
The secret workings of immortal mind.
The vital spark hath fled, and hope, and love,
And hatred—all are buried in the dust;
Forgotten, like the cold and senseless clay
That lies before me: such is human life.
Mortals, behold and read your destiny!
Faithful chronometer, which now I place
Within this cavity, with faltering hand,
Tell me how swift the passing moments fly!
I hear thy voice, and tremble as I hear;
For time and death are blended—awful thought!
Death claims his victim. Time, that once was his,
Bearing him onward with resistless power,
Must in a vast eternity be lost.
Eternity! duration infinit!
Ages on ages roll unnumbered there;
From star to star the soul enraptured flies,
Drinking new beauties, transports ever new,
Casting its crown of glory at His feet,
Whose word from chaos to existence called
A universe; whose hand omnipotent
Controls the storms that wake the boundless deep,
"And guides the planet in its wild career."

To-day is the Day of Endeavor.

I haven't much faith in to-morrow; it is but an oily-tongued ghost that hands out a package of sorrow to people who bank on it most. To-day is the day of achievement, the time when the harvest is ripe; to-morrow's the day of bereavement, of dreams that were born of the pipe. To-day is the port of Endeavor, where garlands are always in bloom; to-morrow's the harbor of Never, where derelicts drift to their doom. So work in the day that is present, nor count on next day or next week; the skies now are smiling and pleasant, to-morrow the tempests may shriek.—WALT MASON, in Phila. *Bulletin.*

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THE PRESCRIPTION PAGE.

Freckles.

℞ Mercury bichlorid..... 1 part
Zinc sulfate..... 2 parts
Lead acetate..... 2 parts
Distilled water.....250 parts
Alcohol..... 50 parts

Wash the spots with a brush moistened in this solution morning and evening. Stop when the skin begins to peel.—*Monthly Cyclopedia.*

Wilkinson's Salve for Prurigo.

℞ Sulfuris præcipitati.....℥ iss
Olei rusci.....℥ iss
Cretæ præparatæ.....gr. xl
Saponis mollis.....℥ iiss
Adipis, q.s. ad.....℥ j

M. Sig.:—For external use.—*Eclectic Med. Jour.*

Treatment of Malarial Anemia.

Tribune médicale recommends the following pill:

℞ Quininæ hydrochloridi.....gr. iss
Ferri citratis.....gr. ss
Arseni trioxidi.....gr. 1/65

Fiat pilula No. j. Da tales No. c.
Sig.:—Five pills daily.—*Charlotte Med. Jour.*

Anorexia.

For loss of appetite the following mixture has been found of distinct value:

℞ Tincture of gentian,
Tincture of quassia,
Tincture of calumba,
Tincture of anise, of each.....1¼ drams

The dose is 20 to 40 drops in a quarter of a glass of water, twenty minutes before meals.—*Medical Brief.*

Treatment of Gouty Migraine.

The following prescription was recommended by Debout:

℞ Extract of colchicum
Quinin sulfate, of each.....45 grains
Powdered digitalis.....24 grains

This is to be divided into 30 pills, 1 of which is to be taken every evening.—*Bulletin général de thérapeutique.*

Acute Gastritis.

In a paper contributed to the *Virginia Medical Semi-Monthly,* Dr. Hamner speaks of the control of the vomiting that persists in acute gastritis, even after emesis. He considers the washing out of the stomach with the tube to be the surest and quickest treatment, if followed with the introduction by the tube of the following antiseptic solution:

℞ Thymol.....gr. viij
Boric acid.....℥ ss
Warm water.....O ij

Ft. solutio et sig.:—One pint thru stomach tube.

The water used during lavage should be quite warm and the antiseptic should not be used until the plain water runs out perfectly clear. The antiseptic should be caught up and measured to ascertain if it approximates one pint; a few ounces retained will do no harm. Vomiting, as a rule, ceases entirely after this, he says.—*Medical Summary.*

Arteriosclerosis—Normal Serum.

Dr. Trunecek suggests a serum to be used subcutaneously in arteriosclerosis, as follows:

℞ Sodium chlorid.....2½ drams
Sodium sulfate.....15 grains
Calcium phosfate,
Magnesium phosfate, each.....12 grains
Sodium carbonate..... 7 grains
Sodium phosfate..... 5 grains

Fifteen grains of this is dissolved in ½ ounce of steril distilled water. Treatment is begun by hypodermic injections in the region of the buttocks of 30 minims of the solution every other day, being increast in amount by 15 grains each injection until the dose of 2 drams is reacht. The mixture has also been given per rectum or by the mouth.—*American Practitioner.*

Ruff Hands.

For the doctor whose hands are ruff and grimy, D. L. Field, in the *Medical Summary,* advises the following:

℞ Olei rosæ.....gtt. x
Glycerini.....℥ j
Bay rum.....℥ iij
Olei cajuputi.....gtt. xx

M. Sig.:—Apply to hands at night, and any time in winter before going out in the cold.

Headache.

℞ Mentholis.....gr. x
Alcoholis.....f ℥ j

Sig.:—Rub small quantity over seat of pain. (Used for neuralgia of superficial nerve.)

℞ Atropinæ sulfatis.....gr. 1/10
Ext. cannabis indicæ.....gr. iv
Ext. nucis vomicæ.....gr. vj
M. et ft. pil. no. xij.

Sig.:—One pill every four hours until dryness of mouth or dilatation of pupils. (Use in migraine with vasomotor relaxation and cold extremities.)—*Merck's Archives.*

Angina Pectoris.

℞ Fol. digital. pulv.....1¾ grains
Caffeinæ pur.....3½ grains
Diuretini.....5 grains
Morphinæ hydrochlorid...1/200 grain

M. et fiat pulv. D. tal. dos. No. v in caps. amylac.

Sig.:—One capsule at the time of the paroxysm, another capsule one-half hour later, if necessary. —*Monthly Cyclopedia.*

Varnish for Linoleum.

Linoleum may be brightened up by application of the following varnish:

Yellow wax..... 5 ounces
Oil turpentine.....11 ounces
Amber varnish..... 5 ounces

Melt the wax, add the oil, and then the varnish.

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Worms, Indigestion and Convulsions.

EDITOR MEDICAL WORLD:—I have an obstinate case I wish to present to you and the medical family.

Harold S., now past 4 years of age, has been having convulsions since May, 1912, and about every new moon these paroxysms show up, and he will have from 1 to 16 of these convulsions, until they subside.

He complains of pain sometimes in his stomach just before the paroxysms, and they generally occur in the morning anywhere from 3 a. m. to 7 a. m., continuing thru the day, anywhere from an hour to two or three hours apart. After he gets over these attacks he seems just as well as can be.

He is a strong, hearty, robust boy and smart. He is a very hearty eater between these attacks.

Father and mother are both healthy, have 4 other children and all healthy. Nothing in the family history of insanity, epilepsy or any hereditary disease.

About five months ago he was out in a big wagon and fell in one of these paroxysms, but did not sustain any injury, and he has fallen a few times since in the house. He doesn't froth at the mouth and hardly ever vomits. Two months ago, during one of these sick spells, he could not talk very plainly for about a week.

In October, 1912, we had him circumcised. We have aimed to keep his bowels open. Have given all of the vermifuge remedies that we know of and finally gave him the tapeworm remedies. Have given him 5-drop doses of turpentine three nights out of every week for several weeks at a time and still he has the convulsions. We have kept the boy on a strict diet also. I would greatly appreciate anything in regard to diagnosis and treatment. DR. C. L. BAKER.

Kirkpatrick, Ohio.

[It is evident that you have been assigning the origin of the convulsions to the presence of worms. Have you any reason to suspect that the child has worms? Twenty-five years ago practically all children had worms; to-day, probably not one child in a dozen or a score is so afflicted. We do not know *why* it is true, but we *do know* it to be a fact. Unless this boy has passed worms lately, stop the vermifuges at once, and don't give them again until you *know* it is indicated. If he *has* passed worms lately, give him ½ grain of santonin and ½ grain of calomel every two hours for four doses, and if he is not then freely purged two hours after the last dose give him a tablespoonful of castor oil, and repeat the oil every four hours till you get the desired effect. Such a course, repeated every three days, for three courses, will absolutely eliminate worms from complicating the diagnosis. But do not do this unless you have reason for it, since you have probably given him more vermifuge than he needs. Next, examin the stools repeatedly for seatworms, and if found, inject infusion of quassia chips into the rectum, and this will settle them. Surely you did not use tapeworm medicin unless you found segments of the worm in the stools!

If epilepsy be excluded, it is quite likely that the convulsions have been instigated by indigestion. Boys of this age commonly "bolt" their food without due mastication, and no matter how much you restricted the diet, if the convulsions were due to that cause, they would continue if the simple food was not masticated properly. We would suggest, no matter what the cause of the convulsions may prove to be, that you put him on liberal doses of elixir lactated pepsin, 80 grains to the ounce, before meals, and also two hours after. Of course, continue to guard against any existing constipation. We have known obstinate cases of convulsions to yield promptly to above suggested treatment.

You must, too, consider the possibility of epilepsy, even in the face of a clean family history. The inability to enunciate properly "for about a week" following an attack may have been due to soreness from biting the tongue. But do not worry over this, considering the history, till after you have exhausted all other reasonable hypotheses.—ED.]

Vicarious Menstruation.—Results of Vasectomy.

EDITOR MEDICAL WORLD:—A curious case has recently come under my care, and as it has proven beyond me, am writing to see if you can give me any advice in the matter.

Mrs. W., married, age 20, weight 250 pounds. Weighed 105 when six years old, and has always been abnormally fat. Never pregnant. Began menstruating at the age of sixteen, and was regular for two years. Menstruation then ceast. At this time, however, a red vesiculation appeared about the waist line. The vesicles rupture, blood flowing from them. This appears regularly at the time when her catamenia should come on, and remains for from three to five days. The vesicles then dry up, scars remaining permanently.

It is the most curious case of vicarious menstruation—for so I have diagnosed it—that I have ever heard of.

Can anything be done to restore the normal function? Have tried restriction of diet to reduce the excessiv fat, but to no effect. Intrauterin electricity has restored the function for two months, when it again disappeared. What next may be tried?

Just now there is much discussion in our state on the question of sterilization of criminals. The question was voted upon at the last election, and, I am sorry to say, was defeated.

I have heard, and read, that section of the

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vas deferens does not interfere with the power to perform the sexual act.

Is this correct? If so, while it will prevent the propagation of this class, will it not be an incentiv for women to seek these sterilized partners, and thus become a prolific source of venereal infection?

I would greatly enjoy a discussion of this subject. OREGON.

[It is likely that the easiest way to success, or the basis of it, would be a reduction of the fat. Have you tried the rigid and regulation Banting method? This seldom fails if faithfully carried out. The vicarious menstruation, with permanent cicatrix formation, is interesting. When the intrauterin application of electricity establisht the molimen on two occasions, it would seem to have been the part of wisdom to persist in it even if the flow failed to appear on one occasion.

We suggest a blood examination. Deficiency of the proper elements in the blood, even in presence of adiposity, is often responsible for absence of the menstrual flow. Also, we would try old-fashioned and homely remedies, such as a hot sitz bath for twenty minutes, on three or four successiv nights, just before the time for the appearance of the vicarious menstruation. Full doses of potassium permanganate have a decided effect in some of these cases—it must be given freely diluted. We would also use oxalic acid and fluidextract of cotton root. We presume that you have excluded the possibility of infantil uterus, altho you might have overlookt this on account of the few menstruations having appeared.

Section of the vas does not interfere with ability to copulate. We hardly think women "worth while" would seek sterilized partners, the tendencies of the sex are towards "whole men," and the more masculine the representativ of the sex, the better they are suited. It is possible that the women of that grade might show the preference you indicate, and in such an event, doubtless, venereal infection would have a tremendous boost among the class. But, doctor, it is the better element of society that is seeking to protect itself against this "lower strata," and the lessening of their progeny lessens the taxes the "upper strata" must otherwise pay—the amount of venereal penalty the submerged tenth must endure has not been considered in this particular scheme of hastening the millennium. It is not by any manner of means a one-sided question, and many side lights will be found by the broad-minded man who sets out to study it rationally.—ED.]

Mastitis.

EDITOR MEDICAL WORLD:—I have one child, a 10-year-old boy. During lactation my wife's breasts became infected thru the carelessness of an amateur nurse, who instead of using the antiseptic nipple wash as directed, moistened the nipple with saliva from her (the nurse's) infected mouth, causing a serious mastitis, requiring breast to be lanced several times and a long confinement to bed. Now she is afraid if she becomes pregnant again the same trouble will recur. Do you think this likely, and if so, can it be prevented? I wish to relieve her mind before taking the risk. OHIO.

[There is no reason why a woman who has suffered from a mastitis following confinement should again suffer from it in a subsequent confinement. Even if the abscess has destroyed a portion of the gland, or if the cicatrix of the incision has obliterated a portion of the gland, there will be no abscess formation unless infection occur. If she was able to nurse from the injured breast after recovery from the mastitis, she will probably secrete milk in that breast and be able to nurse from it following another confinement. The "bealed breast" is the result of infection thru the nipple, as you have explained to her; and if no infection occur, there will be no abscess formation. Cleansing of the nipple with saturated boric acid solution following each nursing, and protection of the nipple with a piece of aseptic gauze between nursings, will practically insure freedom from any trouble similar to that which she dreads. Why do you not institute a class for training nurses such as we have mentioned in our past issues a number of times? Then you could have a trained nurse's assistance when you want one.—ED.]

Neuritis.

EDITOR MEDICAL WORLD:—Can you give me a diagnosis of the following case which was interesting and somewhat novel to me, altho it might not have been to others?

Male, age 64, farmer, no obvious signs of specific disease. Married, one son, age 18, healthy. In younger days used alcoholic drinks very freely, but of late years only occasionally had a "spree." No daily consumption of even small amounts at any time. Always been an inveterate consumer of tea and coffee. No history of past sickness.

I was first called to see him the middle of last October. Found him suffering from gastric and intestinal irritation—pain, vomiting, diarrhea, slight fever, loss of appetite, sleeplessness, etc.—due, his wife told me, to a recent drunk. I gave him sedativs, opiates and some very good advice, and promist him he would be all right again in a few days. But a week later I was called again. Patient better in some ways, but still unable to eat, vomiting had ceast and bowels moved only two or three times in the twenty-four hours. He still carried a little fever. His main symptom was that he was weak and exhausted. But he also had some fleeting pains, not severe, in various parts of his body and extremities. Again I gave favorable prognosis and said all I could to encourage him.

At my next visit I found him sitting up with his pants on. But his salutation to me was that he was getting worse all the time, growing weaker, legs especially becoming more unmanageable. His appetite was improved, but he was nervous and had pain in his legs, feet and hands, sometimes sharp, but generally dull and steady. He had difficulty in walking, which he told me for the first time he had noticed coming on since about the first of August, and gradually getting more pronounced. Did not think it was any worse in the dark than it was in daylight. Was able to stand with the eyes closed, but swayed around considerably and showed a tendency to fall forward. Argyll-Robertson symptoms absent, so far as I could ascertain, or at least not markt. Patella reflex absent. No ankle clonus. No spinal tenderness or pain. Feet and legs to knee numb and cold and hands and forearms slightly so. No perceptible loss of flesh and no localized swelling. No girdle sensation. Generalized tenderness in muscles of all the extremities reaching to the body. Sensation to prick of pin delayed and uncertain. Mind clear and conversation normal.

By November 24th patient was unable to leave his bed. All the symptoms had progrest, but not to the same extent. Appetite lost, bowels constipated, tongue furred, exertion as in turning in bed caused dyspnea. The parasthesias had extended and were more markt in degree. Sensation delayed as before, but no typical anesthetic zones. Pains continued about the same, but could hardly be called "vagabond," altho they shifted from day to day. No pains of "crises." Said he felt a sensation of tremor most of time in muscles of legs, arms and shoulders. All four extremities partially paralyzed, symmetrically, especially flexor muscles, and was unable to tell where hands or feet were without looking. Wrist drop very

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pronounced, but I was unable to elicit the Babinski sign.

November 29th. Could note decided progress of the disease. Pulse above 100. Had vomited several times since last visit. Numbness of legs had extended to body and was much more markt in hands and arms, especially thumb and first two fingers of each hand. Sensation as of gloves part way on hands. Pains as before, occasionally sharp. Tenderness in extremities confined more strictly to nerve trunks. Headache for few days past. No incontinence of urin or feces.

December 5th. Numbness extended to lower abdomen. Paralysis of extremities to body complete. Had attacks of dyspnea. Could not eat or drink without choking. Vomited occasionally for last two days, and had little or no pain during same period.

Died December 18th; mind clear and activ to the last. Was not present at his death, but judge it was caused by heart failure, not paralysis of respiration, as we anticipated.

Will say this case caused me much trouble during the first part of its course, but I finally settled down to neuritis as a probable explanation, but whether alcoholic, syphilitic or due to some irritant poison or other cause I do not know. Some of the neighbors tried to stir up an arsenical excitement on account of family differences, to which neither the general public nor myself felt inclined to give credence. I repeatedly asked for counsel, but the patient absolutely refused, altho his family urged it, using as his argument that it would "do no good," and that my consultant and I would be the only ones who would profit by it.

By way of treatment my mainstay was the iodids; other empiric remedies were secondary and to meet certain indications as they were.

Franklinville, N. Y. CLARENCE KING.

[We should have "labeled" it neuritis, probably of alcoholic origin, tho, of course, there is no way of being certain of this diagnosis. We know of no method by which the practician can positivly state, even during life, that a neuritis is or is not alcoholic—as we govern our opinion in such cases by the previous personal history as to habits of indulgence. We have observed similar symptoms in periodical drinkers, following a profound debauch, when presumable exposure to inclement weather while intoxicated formed a part of the history of the onset of illness.—ED.]

Vitiligo.

EDITOR MEDICAL WORLD:—I would like your help on the following case:

Mrs. E., age 40, mother of 3 children, youngest 3 years. Always quite healthy. Menstruates regularly and has when not pregnant. Brunette. Kidneys and bowels normal. While pregnant first time, some 10 years ago, had the usual spots and blotches on forehead and face, but they never disappeared. They still continue on not only the face, but over entire body. Spots and blotches vary in size from that of an inch to three or four times that size. Spots are not dark spots, but are *white*, and show much plainer at times than others. Never had any specific disease.

Information very much appreciated as to the cause and treatment. I can help, but never cure.

Buffalo, Okla. R. R. ANDERSON.

[We do not think your patient suffers from the effects of pigmentation of pregnancy, but are inclined to think she exhibits vitiligo. We have never known of a case of pigmentation of pregnancy producing *lighter* colored areas, and from the nature of the case, could not imagin such a case, since the condition is brought about by an increast deposit of pigment in areas already darker than the surrounding skin. On the contrary, vitiligo corresponds closely with the description you give. We cannot spare space to cover it completely, but you can look it up in any modern large-sized work on diseases of the skin. The cause is unknown, and no treatment is known to be curativ. Walnut juice or diluted tincture of iodin may be used to stain the white areas to a tinge corresponding to the surrounding skin. Pure carbolic acid, painted over the skin about the whitened areas, has been employed, with success. It causes exfoliation of the darker circle surrounding the patches, and thus makes them less noticeable. If she has a sensitiv skin, you had best dilute it somewhat with alcohol or apply it tentativly to a very small area, at first, altho it must be strong enuf to cause later exfoliation if good effects are to be expected.—ED.]

Medical Treatment for Pelvic Inflammation.

EDITOR MEDICAL WORLD:—From a practical medical standpoint I have had very little success in the treatment of the diseases peculiar to women—pelvic inflammations. It seems that the various authors tend more to the surgical than to the medical side of these conditions, and the theory they give us in their books is impracticable for a general practician, and I have had very little success with any of the various treatments. As most of my practise is along this line, I would appreciate very much if you will suggest an author who successfully treats these conditions from a practical rather than a theoretical standpoint. MARK A. BOOTH.

Greenwood, Miss.

[We think if you will secure "Medical Gynecology," Bandler, third edition, just off the W. B. Saunders Co. press, and for sale by them for $5. you will find you can treat all medical gynecologic affections with satisfaction to your patients and to yourself. Of course, there are strictly surgical affections of the female organs, but the better *medical* gynecologist one is, the quicker he is to recognize the surgical condition when it confronts him.—ED.]

Possibly Mild Smallpox.

EDITOR MEDICAL WORLD:—Can you tell me what this patient had?

Patient B., age 23, previous health good, has had chicken-pox, measles, and mumps. Came to my office March 7th. Had come from the coal-fields about a week before, where he said there had been smallpox. He said about the time he came home he was taken sick with headache, and a general aching all over the body and high fever, and in about two days he began to break out on the scalp and face. The day he came to my office he had eruption on the scalp, face, body and arms. Those on his face and arm were papules, vesicles and pustules; also in the palm of his right hand there were seven eruptions; lookt to be like vesicles. There was no umbilication, no temperature. Being a suspicious case of smallpox, I sent him home and told him to stay in until I could see him next day, but being called away I did not see him for two days. He presented about the same appearance except there

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were more eruptions on body, and had five eruptions on one sole of foot and three on the other, and one in the left palm of hand; no fever, good appetite, and feeling fine. On account of the eruption in the palms and soles of feet I decided to call in Dr. W. to see the case with me. He did not get to see the case until March 12th. There was not much change in the patient except some of the eruptions were beginning to dry on his face. We could still see the eruption in all stages (papules, vesicles and pustules). Neither of us could say whether it was smallpox or chicken-pox. Due to the eruption in the palms, we decided to keep all the family confined and see further development of the other members. None of them have had chicken-pox or smallpox. At no time has the patient had secondary fever. The scales have all fallen off and left no scars, and only some places a slight discoloration. It has now been 22 days since he first got sick, and if none of the other family shows any sign of the disease, I will soon turn them loose.

Does chicken-pox ever have eruption in the palm of hand and soles of feet? This is what fooled me in the above case, as I can't find anything in the books where they have such eruption.

Mechanicsburg, Va. J. H. MOORE, M.D.

[Your description is strongly indicativ of a mild case of smallpox. While the crops of vesicles in chicken-pox come in successiv stages, the papule merges into the vesicle so quickly that it is seldom seen. That is, while one may note both vesicles and papules at the same time in chicken-pox, if they have been carefully watcht it will be found that they belong to different crops. The eruption of smallpox is steadier—passing regularly from papule to vesicle, and does not appear in successiv crops. So in chicken-pox, it will be noted, if an individual papule be watcht, that it very quickly changes to a vesicle. Vesiculation is slower in smallpox, and is usually followed, in due course, by umbilication of the vesicle. In "Diagnosis of Smallpox," Ricketts and Byles, publisht by Funk & Wagnalls Co., New York, N. Y., at $6, the authors say: "As there is no part of the body on which lesions of smallpox may not appear, so there is no part which is incapable of developing the vesicles of chicken-pox. They may come on any part of the trunk, limbs and head, on the palms and soles, the scalp and ears, the palate and buccal mucous membrane." We advise the purchase of this book, as it gives the best information in aid of diagnosis of smallpox of which we have knowledge.—ED.]

To Resilver Mirrors.

EDITOR MEDICAL WORLD:—I want to ask you if among your acquaintance there are any persons who can tell how to resilver mirrors. I saw a recipe somewhere, but do not know if it was in THE WORLD or *Council*. DR. S.

Washington.

[If you wish to "patch" a mirror from which the amalgam has loosened in a few spots, you can do a good job as follows: Take some old mirror with an uninjured reflecting area slightly larger than the piece you wish to replace, and cut around it carefully with a sharp knife; the patch must be a little larger than the area to be replaced and of the same general contour. Upon the patch place a drop of mercury, a drop the size of a pinhead for each area the size of a fingernail. The mercury spreads immediately and penetrates the amalgam to the mark of the knife, when the patch may be carefully lifted free from the glass. The area to be repaired has been previously thoroly cleaned and polisht. The patch is now laid upon the bare area and carefully prest with cotton. It hardens almost immediately, and the mirror presents a perfect appearance. The work must be carefully done, however, and absolute cleanliness of the area to be recovered is essential.

If you wish to recover the entire surface of a mirror, make two solutions, as follows: No. 1. Take 8 ounces of distilled water, and place a little of it in a glass, to which is added 19 grains of silver nitrate. Stir well till completely dissolved; then add several drops of 26° ammonia, until the solution is clear. Incorporate 16 grains more of nitrate of silver, and stir well. Add balance of distilled water, and filter, using only a glass funnel in which the filter paper is placed. The solution must be stirred with a glass rod; nothing but glass and filter paper must be allowed to come in contact with it. Place in a bottle and label No. 1. No. 2 is made by adding 12 grains of silver nitrate and 12 grains of Rochelle salt to 8 ounces of boiling distilled water. After boiling six or seven minutes, cool, and filter. To resilver the mirror, clean carefully with ammonia and wipe with a moist chamois skin. Mix half and half of the two solutions in a clean glass graduate, stirring with a glass rod. Have the cleansed mirror lying perfectly level, and on the middle of it pour the blended solution. It will spread perfectly if the glass is quite level. It is permitted to remain undisturbed until the precipitation has been complete. This is taken from Henley's "Book of Formulas," and has not been personally tested out by the writer.—ED.]

Electrotherapeutics.

EDITOR MEDICAL WORLD:—I have read with interest your article on "Three New Electric Methods." Would you be kind enuf to tell me which are the very latest and best books on electrotherapeutics? J. A. LORRAIN, M.D.

Montreal, Can.

[Read the chapter on physics of electricity in any standard work on physics, Guyot being modern. Then comes Houston and Kennelly on the primary facts of "Medical Electricity." Next read F. H. Humphris' "Electro-Therapeutics for Practitioners" (Macmillan) and W. B. Snow's "High Potential and High Frequency Currents." Should further information be desired, a stampt and directed return envelope to this office will suffice.—ED.]

Loose-Leaf Books.

EDITOR MEDICAL WORLD:—I want to buy a ledger and one top or lock binder to put the leaves of the ledger after using. The leaves must be 6 x 9 with durable index. The cover prefer to bind in the top to draw or fix the leaves easy, and with two slates inside; no writing on the leaves, and holes on side to be put in binder easy. The ledger is to be used in my visits and on my desk, and when the case is over, to draw the leaf easy and to be put easily in the binder for further

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reference. I should be glad to have "Patient's Record Card." DR. N. DESROSIERS.
Rockland, Canada.

[Write to the John C. Moore Corp., 65 Stone St., Rochester, N. Y. They manufacture various kinds of loose-leaf books.—ED.]

Welch's "Rheumatic Remedy."

EDITOR MEDICAL WORLD:—I come to THE WORLD for information. Inclosed you will find wrapper from a box of P. J. Welch's "rheumatic remedy," put up at Cincinnati, Ohio. The box contains about 2 ounces of a powder, yellowish gray in color, tasting something like comp. jalap powder, and sells for $2. I do not know whether it cures rheumatism or not, but should like to know the composition of this powder. Can you or any of the brethren give me this information?
Tell City, Ind. WM. H. MUELCHI, M.D.

[We do not know the constituents of this powder.—ED.]

Ammonium Chlorid for Uterin Fibroids.

Dr. Eli Coover, of Harrisburg, Pa., long advocated the intensiv administration of ammonium chlorid on the presumption that it would soften uterin fibromata, according to a personal communication from Dr. Thomas S. Blair. Dr. Coover based his theory upon the well-known fact that tenacious secretions are liquefied by the internal administration of that drug. He had his patients take a 5-grain tablet of it three or four times a day until a tolerance for it was establisht, then increasing the dose.

If any of our readers have had any experience with this method, or any other treatment of uterin fibroids, we should be pleased to learn it.

MEDICAL FRAUDS.

Capt. Collings and His Hernia Cure.

EDITOR MEDICAL WORLD:—This clipping relativ to Capt. Collings' "hernia cure" (March WORLD, page 122) calls to mind my correspondence with him about it. I offered to deposit first the amount of his cure, subject to his order when a case here was cured by his treatment. He came back with another letter with a reduced price—"cash in advance." I again offered to double his price in a deposit to the bank subject to order, the cure to be determined by three regular reputable physicians the bank or he might select. Again, he came back with his lettter "cash in advance." This thoroly convinced me my first idea about his cure was correct—*i. e.*, was a fake, else he would have accepted the offer of a bank deposit payable to him on the completion of the cure, and I ceast wasting time and stamps writing him. I know of no methods to cure hernia except by a proper surgical operation, and if there are any others, "I am from Missouri" and willing to be shown. C. E. WORTHINGTON.
Rose Lake, Idaho.

"United Doctors" Close Up An Office.

EDITOR MEDICAL WORLD:—The illustrious Dr. Dresbach, of "United Doctors" fame, which you wrote up, has closed his office here. His business continued to grow small and beautifully less. He is "hitting the road" now. W. L. BAILEY.
Joplin, Mo.

Bodi-Tone.

EDITOR MEDICAL WORLD:—Find inclosed junk of a new graft. Facsimiles and literature of supposedly intelligent people. How true the old adage of "What fools we mortals be."
Yours respectfully, W. H. PHILLIPS.
Carroll, Neb.

[The Doctor sent us the circulars of the Bodi-Tone Co.—ED.]

Gowan's Pneumonia Cure.

According to "Nostrums and Quackery," "Gowan's pneumonia cure" consists of lard, camphor, turpentine, carbolic acid, opium, stearin, quinin and quinin sulfate. The proprietors of this nostrum were convicted and fined under the Food and Drugs Act for misbranding their product.

A Blackmailing Scheme.

A blackmailing scheme has been workt on some doctors of Indiana recently. A letter is sent to a physician from a presumably unmarried woman who writes that she is pregnant, almost crazed with fear, etc., and ending with a tearful appeal for the doctor's aid. Should an answer be sent, a young girl puts in her appearance. No matter what may be said, her visit is followed some weeks later by the visit of a man, who claims to be a relativ of the girl, and who declares the girl has lost her life thru an abortion and the doctor's letter or card was found on her. As things are made to look bad for the doctor, the matter is offered for settlement out of court. By this means several physicians have been mulcted out of various sums.—*Jour. Indiana State Med. Assoc.*

Wanted: A Miracle.

Two or three years ago a Frenchman wrote a novel founded on this idea: Christ returns to earth and visits Paris. His personality has a tremendous influence upon the population, and various modern miracles are workt, notably in journalism. Newspapers crowded with news and advertisements appear next morning almost blank, for every lie contained in them has miraculously faded into blank paper. What would happen if a miracle of this sort occurred in Tacoma, Wash., and what would be left of the Tacoma *Daily News?* A reader of ours out there sends us a markt copy containing thirty-four patent-medicin advertisements, many of them making ridiculously excessiv claims. Incidentally, it is a striking feature of the present-day reaction against patent-medicin fakery that it is the *readers* of newspapers who do the protesting against these advertisements. When will enlightened publishers realize that it pays to be good?—*Collier's Weekly.*

Radium charlatans, some of whom are members of the medical profession, have made their appearance, according to officers of the Radium Institute of America, and to checkmate them as far as possible the radium institute will be prepared after February 1st to test the contents of any tube submitted to its experts for examination and tell how much real radium there is in the tube. The tests will be made at Columbia University, New York, N. Y., in the laboratories of the Department of Physics, and they will be made without any fees as a contribution to public welfare.

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Expurgo Anti-Diabetes (Sanol).

Expurgo anti-diabetes is sold and advertised in the United States by the Expurgo Manufacturing Company, Chicago. The concern is the United States branch of a Canadian company, the Sanol Manufacturing Company, Ltd., Winnipeg, which sells its product in Canada under the name of "Sanol Anti-Diabetes." The parent company is said to have been incorporated under Manitoba laws in 1912 and to have for its officers and directors the following men: Charles Beyer, president; Frank Beyer, vice-president; Charles Bauer, secretary-treasurer and manager. The manager of the United States branch in Chicago is said to be one E. M. von Amerongen.

The stuff is such an evident fraud that one would imagine that even intelligent laymen could not be deceived by it. Nevertheless medical journals both in the United States and Canada have accepted advertisements for this preparation, and physicians—of a certain type—have been found to give testimonials for it. The medical profession is circularised widely by the concern and "write-ups" have appeared in pseudo-medical journals. Some of the claims made for Expurgo Anti-Diabetes are:

"The only positiv cure for diabetes. It never fails to effect a cure in every case of this disease, in whatever form it may present itself provided the patient has not reacht the last stages of the malady. Expurgo anti-diabetes is the new cure for this deadly affliction. Diabetes is certainly curable by our new discovery—expurgo anti-diabetes, provided that the course of the disease has not progrest to the extent that the vital organs are irreparably damaged. Thanks to the discovery of expurgo anti-diabetes, the cure of this dread disease is no longer a matter of doubt. With the exception of very advanced cases of diabetes . . . all diabetes can be cured by expurgo anti-diabetes."

Such claims one would imagine would be more than sufficient to make plain, even to the most uncritical of physicians, the evident fraudulence of expurgo anti-diabetes.

The *Army and Navy Medical Record* shown in *The Journal* recently as a journalistic fraud, contained an editorial puff of expurgo anti-diabetes. The fact that the Expurgo Company reprints the "editorial" from the *Army and Navy Medical Record* as a "voluntary and unsolicited reference" and distributes it among physicians, indicates how rotten are the props on which the superstructure of this fraud rests.

The Alleged Formula.

The formula for this nostrum is never publisht, altho in some of the advertising matter it is claimed that it is "at the disposal of physicians." A physician wrote to the Expurgo Manufacturing Company, asking for the formula. He was told that the preparation was "exclusivly derived from the vegetable kingdom," from which one may recognize a family likeness to the "dope" put out by the immortal Lydia Pinkham. Further, to copy the letter exactly:

"The ingredients of which Antidiabetes is composed are chiefly:

"fructus syzigii jambulani
"cortex syzigii jambulani
"flores Rosmarini
"fructus Anisi stellati
"Extr. fl. Colæ
"Extr. fl. Condurango
"Extr. fl. Chinæ spir. spiss.
"Extr. fl. Calami
"Extr. fl. Gentianæ."

The recipient of this noncommittal and uninforming "formula" again wrote the Expurgo Manufacturing Company, asking for quantities. Evidently this nostrum concern considered such a request a piece of impertinent inquisitivness, for it replied to the physician in these terms, given *verbatim et literatim:*

"*Dear Sir:*—Yours of the 16th duly to hand. We note that you state '. . . I do not like to be working in the dark, and you can readily see that this is the case unless I know how much of each ingredient I am giving. . . .'

"In your letter of the 6th you asked for the composition, which you promptly received. We would like to state that we are dealing with about 600 Doctors. Some of them asked for the formula, which they received. These are all very conscientious gentlemen and none of them ever pretended 'to work in the dark.' You know furthermore that none of these ingredients is harmful in any way and yet 'work in the dark.' You know that if there were any harmful ingredients in our preparations, we would expose ourselves to imprisonment. If you are so anxious to know all about it, why do you not analyse our medicine? This would enlighten you in your 'perfect darkness.' If you want to deprive your patients and yourself of the indisputable good of our preparations, simply do not prescribe them. Why finally do you not write to the Doctors whose names we gave, who know enough to be able to enlighten those who need it.

Truly yours
THE EXPURGO MFG. CO.,
C. M. v. Amerongen, Manager.

How It Acts.

More than a year ago, a Wisconsin physician, himself a sufferer from diabetes, wrote *The Journal* that for three months he had been using "expurgo anti-diabetes" which the expurgo people had sent him. He declared that the nostrum had greatly reduced the percentage of sugar in his urin. In its reply, *The Journal* askt him whether, in testing his urin, he had used portions of twenty-four hour specimens or merely individual specimens. His attention was called to the fact that most of the nostrums for diabetes are diuretics which, by increasing the amount of urin passed, give an apparent decrease in the amount of sugar excreted. A few days later, the physician wrote again, stating that he had committed the very error *The Journal* had suspected, and reporting that an examination of a twenty-four-hour specimen showed that the glucose-excretion, instead of being diminisht, actually increast.

Specimens of "expurgo anti-diabetes" were examined in the Association's laboratory and the chemist's report follows:

Laboratory Report.

"The specimen of expurgo anti-diabetes (Sanol's anti-diabetes) examined was a light-brown, opaque liquid, having a faintly aromatic odor and bitter taste. The specimen contained considerable amounts of brown, insoluble residue resembling the deposits often found in fluid extracts. The absence of ammonium salts, iodids, glycerin, hexamethylenamin, of antipyrin, pyramidon and similar substances and of such purgativs as aloes, frangula, rhubarb, etc., was indicated. Potent alkaloids such as aconitin, cocain, morphin and strychnin were not found. Qualitativ tests indicated the presence of traces of phosfates, sulfates, reducing sugars, caffein and cinchona alkaloids. Alcohol was present only in traces. Small quantities of chlorids, sodium and a salicylate were found. The residue on drying amounted to 4.5 grains in each 100 c.c. A determination of the salicylic acid indicated approximately 0.17 gm. in each 100 c.c., which is equivalent to less than 0.2 gm. of sodium salicylate per 100 c.c. (about 1 grain to the ounce). Evidently the preparation contains plant extractivs in aqueous solution and small amounts of sodium salicylate and sodium chlorid."

Summed up, the chemist's report shows that expurgo anti-diabetes is essentially a watery solution of plant extractivs with small quantities of sodium salicylate and salt. The exploiters claim their stuff contains the fruit and bark of jambul, rosemary, star anise and fluidextract of calamus, cinchona, cola, condurango and gentian. Since fluidextracts in general are strongly alcoholic and since the laboratory's analysis shows that the preparation contains only traces of alcohol, the fluidextracts of the various drugs, if present at all, must be in an infinitesimal amount.

Jambul was in vogue as a remedy for diabetes about twenty years ago. It was tried and found wanting, and has long since been relegated to the therapeutic scrap heap. Sanol therefore, is but one more proprietary humbug, foisted on the profession under fraudulent claims, and having for its essential constituent a drug that has long been discarded by scientific men and resurrected for the purposes of quackery. Expurgo will probably be used by uncritical and unthinking physicians and its existence will be artificially prolonged thru the venality of pseudo-medical journals. That the medical profession should tolerate such an evident fraud is not to its credit. There is no excuse, either moral or otherwise, for a physician giving his patients nostrums of whose composition he is ignorant, and that is what is done whenever expurgo anti-diabetes is prescribed.—*Jour. Amer. Med. Assoc.*

DEAR DR. TAYLOR:—Inclosed find my check on the Farmers' National Bank. Having practised medicin over a half century, I retired from the practise in consequence of poor vision; but I like your "Monthly Talks" and advice to business men. Being an Andrew Jackson Democrat, which is my politics and religion, I am waiting to be called over on the other side, having great faith that our Heavenly Father will do all things well and that those who, like Old Hickory, "Ask nothing but what is clearly right, and submit to no wrong," will be on the right side in the future life.

Jerseyville, Ill. A. K. VAN HORNE.

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AUTOMOBILE TALK.

The advantages of automobile riding over horse driving are great. All autos are good when they are going right, and contrariwise when something is wrong. It takes but very little to stop an automobile, or at least put a crimp in its working. If the spark plugs are coated with carbon, a porcelain in a spark plug broken, or an electric wire is broken or something prevents a good connection at any of the various connecting points, ignition fails. It is sometimes quite a task to trace up the trouble. The damaged spark plug may produce ignition part of the time and fail especially when climbing a grade.

In order to get the engine working properly the trouble must be located and "cured." Several extra spark plugs or porcelain insulators should be kept on hand for emergency uses. Sometimes a spark plug will be so coated with carbon as to permit short circuiting.

Some carburetors are slow to flood with gasoline. Of course, the way to overcome such is to keep at the carburetor until the gasoline is flowing freely. Then draw the gas into the cylinders before turning on the current.

* * *

Tire expense is one of the items all motorists must keep constantly in mind. Rough roads and glass in the roadway play havoc with rubber tires. A great many tires are cut to pieces rather than worn out.

Most tire makers guarantee their tires and make good for them. Bad roads, however, shorten the life of a tire materially and no doubt there are many such roads that rapidly damage tires and cause them to go to pieces long before the guaranteed mileage of the maker has been run. In purchasing tires the quality of the roads over which they are to be used should be imprest on the seller, so that he understands the conditions and agrees that his guarantee covers the tires *there*.

We have received communications from a number of physicians complaining that certain tires which they had purchast had not run the mileage guaranteed and that the manufacturers had failed to make good. A great deal of tire adjustment depends on the dealer making the sale. Hence it is advisable to purchase tires of a reliable agent, preferably one known to you. In Philadelphia we have had no trouble with the dealers on adjustments.

One of our correspondents bought a "bargain" tire of a "company" in New York City and it lasted him two weeks. They offered to ,sell him another similar tire for half price as a compensation, but he wisely refused. The idea of getting "bargains" by mail of unknown "companies" or dealers is fallacious. The "seconds" sold by them are very likely to be of very little use. Anyway, they will, in all probability, send their worst tires by mail and sell their best ones to the man who comes to their place of business. The "seconds" are seldom or never guaranteed. Only a man who knows good and bad tires can afford to take chances with such.

The way to buy a tire is to buy only first-class, guaranteed tires of manufacturers direct or of their agents and get full particulars of their guarantee. It does not pay to take chances on "seconds" or unknown or unreliable dealers.

One or two extra tires and several good extra inner tubes should always be carried on the auto for emergency use in case of a puncture. In addition several good, strong patches to place over holes in tires are useful parts of the equipment. Some motorists use old tires cut into sections for patches.

* * *

The claims or advantages for pneumatic tires over solid tires are that they are easier riding and their resiliency is better for the car, absorbing some of the shock. However, a pneumatic tire, when pumpt hard, is probably as jolting as a solid tire. We would like to hear from all our readers who have used solid tires in regard to their experiences with them. We might be able to collate some valuable statistics and knowledge on that subject.

* * *

Some individual cars of the best makes do badly. The following letter explains a physician's experience with a Buick car:

EDITOR MEDICAL WORLD:—I was interested in Dr. McKinnon's letter under "Automobile Talk" in March WORLD, as I have been considering the purchase of a hupmobile. I have been using automobiles for about eight years, and now have my fifth car, which has proven a dismal failure. It is a Buick, model 35, and last summer inside of three months I had five broken rear axles, two wheels in differential broken, a casing over driving shaft broken and two springs broken, and all without one cent of adjustment from the company. Some companies replace broken parts, but this one did not. I had previously used two Buick roadsters with fair satisfaction, but also had broken rear axles in both of them. It looks to me as if some automobile manufacturers are going on their past reputation and are now putting out inferior cars and selling them on the reputation made by the cars they sold a few years back. No more Buick for mine.

Alaska, W. Va. PERCIVAL LANTZ, M.D.

We do not understand how so good a make of car should have done so badly. There seems to be something wrong with conditions in the Doctor's locality, or possibly with the driving of the car. We hope, and we believe, that the Buick people are not putting out inferior cars on their past reputation. J. C. R.

CURRENT MEDICAL THOUGHT.

Significance of Low Blood Pressure.

Now that many physicians have sphygmomanometers and are using them in their daily work, the knowledge of any investigations with that instrument will be of prime importance. Dr. Edward E. Cornwall, of New York City, in *New York Medical Journal*, writes on the subject of low blood pressure, which he has investigated extensivly, as follows:

Low blood pressure, considered generally, is less definit in its pathologic significance than high blood pressure. The latter, if pronounced and persistent, in a large proportion of cases means chronic nephritis, sclerosis of the aorta, or arterial sclerosis or spasm. Long-continued high pressure from any cause can itself bring about, or assist in bringing about, pathologic changes in the cardiovascular apparatus that tend to maintain the abnormal pressure, which is not the case with low pressure to nearly the same extent. Low blood pressure, altho it frequently points to

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myocardial degeneration, more often signifies vasomotor relaxation or paralysis due to toxemias or nervous and reflex conditions.

What do we mean by low blood pressure? The variations in blood pressure in different individuals are so great, found both in apparent health and in conditions of compensation of the circulation necessitated by disease, that it is impossible to draw rigid lines and say that pressure below those lines is abnormally low; only a general statement can be made, which must be subject to exceptions. The following may be such a general statement: For a young adult a systolic pressure of 100 mm. Hg. may be low; for a person of middle age, one of 110 may be low; for an elderly person, one of 120 may be low; for a person with sclerosis or spasm of arteries supplying a vital region, one of 140 may be low; for a person with advanced interstitial nephritis, one of 180 may be low.

The records of blood pressure mentioned are systolic records, and the systolic record is the one which has generally been taken as the measure of the blood pressure. The measure of circulatory efficiency is the quantity of blood passing thru the tissues in a given time, and that depends on a number of factors, chief of which are the quantity and quality of the blood delivered to the heart; the force and frequency of the ventricular contractions; the elasticity of the arteries; and the amount of the peripheral resistance. An exact estimate of the combined, coordinated action of these factors is impossible, but a very useful, tho only partial index to the degree of efficiency of the circulation is afforded by the systolic and diastolic records considered together in their numerical relations; that is, the difference between them and their place in the pressure scale.

The difference between the systolic and diastolic pressures tells us the fall in the circulation between the heart and the arterioles. This fall is the pulse pressure. The significance of the pulse pressure as an index to the circulation is conditioned by its place in the pressure scale. For example, a pulse pressure of 40 mm. Hg. produced by a systolic pressure of 200 and a diastolic pressure of 160 (20%), will not naturally be attended with as efficient a circulation as the same pulse pressure when produced by a systolic pressure of 120 and a diastolic pressure of 80 (33 1/3%). A theoretic conclusion, which receives practical support, is: (*a*) That there is a particular place in the pressure scale for each individual, and each particular condition where a given pulse pressure, other things being equal, will produce the fullest circulation, and one which at the same time is attended with the greatest circulatory flexibility and reserve power; (*b*) that pulse pressures placed above or below this ideal place in the pressure scale, in order to produce an adequate circulation, must ordinarily increase in magnitude, that is, take on an overload; and (*c*) that such an overload means more or less diminution in the flexibility of the circulation and in the reserve power of the heart. If the diastolic pressure fails to fall in correspondence with a falling systolic pressure, and thereby permits the pulse pressure to become unduly small, clinical symptoms of circulatory insufficiency may appear. For example, if the systolic pressure falls to 100 and the diastolic to 60, there may be an adequate circulation provided the reserve power of the heart is not too largely drawn upon; but if the diastolic pressure falls to only 80, while the systolic pressure is 100, there may be symptoms of circulatory insufficiency; and if the diastolic pressure falls so low relativly that the pulse pressure takes on a large overload, such symptoms also may appear.

Movements of the diastolic pressure to any considerable distance from its normal place in either direction regularly cause the pulse pressure to take on an overload if the circulatory balance, that is, an adequate circulation, is to be preserved. In conditions which considerably raise the diastolic pressure, such as chronic nephritis and arteriosclerosis, the overload may be so great that the pulse pressure exceeds 100; and in conditions of myocardial weakness or irritability or vasomotor dilatation with insufficient filling of the blood vessels, there may be necessitated an abnormally large pulse pressure; and in simple overaction of the heart the same thing may happen.

In connection with overload of the pulse pressure, the question, what is the normal pulse pressure in conditions of health, naturally comes up. An approximate statement only is possible. In Cornwall's experience, the pulse pressure range, in conditions of seeming health and in the absence of circulatory strain, has been found to be between 30 and 45; and in his opinion, a pulse pressure as low as 20 is apt to be pathologic, and one as high as 60 is also apt to be pathologic.

In connection with this subject, it is interesting to note that certain drugs and other agents which lower the blood pressure may improve the circulation by lowering the diastolic pressure more than they do the systolic, thereby increasing the pulse pressure or, by lowering an excessivly high systolic pressure, thereby relieve what may be an unnecessary overload. In the estimation of the systolic pressure, the method by ausculation of the artery is more accurate and not less convenient than the method by palpation; and in the estimation of the diastolic pressure, the superiority of the auscultatory method over the others is even greater.

Salvarsan Deaths.

Kohrs reports a case in which death occurred in about three days after an injection, with symptoms of acute encephalitis. The case was unusual in that the patient appeared to be perfectly healthy and unusually robust. The dose was 0.6 gm. (9 grains) and was given as a result of a Wassermann positiv. This test was made because of the presence of a balanitis, and on account of this find the patient received a full inunction cure. But one intravenous injection of salvarsan was given, hence the impossibility of anaphylaxis. The clinical picture was the same as is usually seen in salvarsan deaths of this type and together with the autopsy finds indicates that arsenic has broken loose from its molecule and acted by itself in its ordinary toxic capacity. While clinically arsenical poisoning is not imitated closely for obvious reasons (intravenous injection) the autopsy finds correspond entirely, as far as the brain, kidneys, etc., are concerned, with ordinary arsenical poisoning. Epileptoid convulsions were a feature of the encephalitis and doubtless contributed very largely to the death.—*Medical Record.*

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Effect of "606" on the Eye.

P. S. McAdams, in summing up the effects of "606" on the eye, says that no case of injury to the healthy eye has been proved. The consensus is that it is innocuous to the healthy eye. A favorable result is to be expected from salvarsan in syphilitic disease of the iris, the choroid, retina, and optic nerve in syphilitic paralysis of the ocular muscles, and sometimes in interstitial keratitis. It is an effectiv specific remedy in syphilis of the eye especially indicated when speedy aid is urgent. It is not a panacea for ocular syphilis and cannot entirely replace other preparations. No benefit is produced in simple, primary optic atrophy.—*Boston Medical and Surgical Journal, February* 26, 1914.

Facial Paralysis Following Neosalvarsan Injection.

Domisse (*S. African Med. Record*) mentions a patient with early secondary symptoms and markedly positiv Wassermann reaction, received an intravenous injection of neosalvarsan in 30 minims of redistilled sterilized water. Five minutes after injection a severe rigor took place, lasting for about two hours. Six hours later the left side of the patient's face seemed immovable, and next morning there was a true picture of paralysis of the seventh nerve, together with loss of sense of taste and herpes labialis. The patient complained also of earache and hyperacusis. These last passed off in a week's time, but the facial condition did not improve until a month later. Large doses of potassium iodid and gray powder caused the condition gradually to improve, until, about four months later, it was practically cured.—*Charlotte Medical Journal.*

Salvarsan Poisoning.

Pandalai, in the *Indian Medical Gazette,* says that the treatment by salvarsan for various hemoparasitic diseases is, by no means, in the experimental stage, yet even to-day it is not rare to meet with cases in which such treatment is boldly persisted in and injurious after-effects directly attributable to it have been produced which are no less serious than the possible effects of the malady itself. It is true that in great many instances, for example, in the treatment of the secondary and later manifestations of syphilis and of yaws, the immediate result of the intravenous injection of salvarsan is of such a spectacular nature as to impress one with its specificity, but in very few cases indeed could such a belief be continued for any length of time. In the majority of cases either repeated and refractory recurrences have followed, dashing to the ground the fervent hopes of the most optimistic experimenter, or such disastrous consequences have resulted which might well make the physician feel something not unlike repentance.

The above general statements apply with equal force to salvarsan in the treatment of *malaria.* A few notes on the case which may be of interest:

Sepoy, R. S., age 30, of the ——— Punjabis, was admitted to hospital in January, 1913, with remittent pyrexia, which was suspected to be malaria. Microscopic examination of the blood confirmed this belief, and crescents of malignant tertian malarial parasite were discovered in large numbers. Believing in the potency of salvarsan against all hemoparasites, including the malarial parasite, the medical officer in attendance injected, early in February, 0.4 gram (5 grains) of salvarsan intravenously. The general reaction which followed this injection was serious, and among the symptoms and signs the patient had were the following: Severe jaundice, vomiting and enlargement of the liver, rise of temperature to 103° F., anorexia and prostration. In a few days wasting and symptoms of polyneuritis, most marked in the arms and legs, manifested themselves. The patient gradually recovered; the enlargement of the liver subsided, general condition improved, and in from two to three weeks he had recovered so far as to be able to walk about, but pain and weakness of the legs still lingered, and it was considered desirable to send him home on sick leave for six months.

He returned from leave in September with the following symptoms: Sensations of pins and needles in both legs, slight wasting of thigh muscles, pain on pressure in the calf muscles, excessiv sweating in the palms and soles, partial anesthesia in the soles and when walking a feeling as if treading on cottonwool; gait unsteady and wavering, pupil reflexes normal and general condition good.

He was kept under tonic treatment for eight months, carefully avoiding arsenic, but very little improvement resulted in the symptoms of peripheral neuritis. He was in due course brought before a medical board and invalided *as unfit for further service.*

Notwithstanding the disastrous sequelæ arising from the treatment adopted, the patient had no further recurrence of his original malarial trouble thruout the three months he was under observation after his return from leave. This freedom from subsequent attacks of malaria may reasonably be attributed to salvarsan treatment in the first instance, and it is probable that the malarial parasites in his blood have been entirely eradicated, altho it may be said that it is yet too early to confidently make such a statement.—*Charlotte Med. Jour.*

Official Investigation of Salvarsan.

The medical members of the German Reichstag (Drs. Becker, Gerlach, Schatz and Struve) recently asked for an official report from the imperial chancellor on the questions (1) as to the truth of the reports now circulating in the lay and medical press that several hundred fatalities have already followed the treatment of syphilitics with salvarsan and that permanent or transient injury of the health has resulted; (2) whether salvarsan is dispenst without a physician's prescription; (3) whether the amount of arsenic contained in salvarsan is several times the maximal dose establisht in the pharmacopeia, and (4) whether the fatalities and injury of the health are to be ascribed to the arsenic content of the salvarsan.

The official answer to these questions is given in full in German journals of March 10th. It states in effect that as physicians are not required by law to report cases of serious injury from salvarsan, the authorities have no official data on the subject. The cases that have been publisht in medical literature can be explained in part by injudicious selection of patients, by defectiv technic or by peculiar features of the disease, and in part by the arsenic content of the salvarsan in especially susceptible persons. According to the evidence to date, only part of the injuries can therefore be ascribed to the toxic action of the salvarsan. The general verdict of approval and appreciation of salvarsan is cited, and the concluding paragraf states that the single dose of salvarsan ranges from 0.1 to 0.6 gm. (1½ to 8 grains) of arsenic. This is, in fact, several times the corresponding maximal dose of arsenic in arsenous acid (0.004 gm.=1/16-grain). It must be remembered, however, that according to the professional press, the arsenic in salvarsan is in a materially less toxic form

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than in arsenous acid.—*Jr. A. M. A.*, April 4, 1914.

Pathogenesis and Treatment of Diabetes Mellitus and Acetonemia.

R. Lépine, in *Revue de médecine*, asserts that studies on diabetes in the last thirty years have definitly shown diminisht sugar combustion to play an important rôle in the pathogenesis of diabetes. The pancreatic internal secretion exerts a markt influence upon glycolysis; exaggeration (or perversion) of the thyroid secretion has a slight influence, and that of the pituitary is doubtless in part contributory to the glycosuria observed in tumor of this organ. While the adrenal secretion is unquestionably glycogenic and antiglycolytic in certain amounts, its actual influence in the causation of diabetes is at present hard to define; in certain forms of diabetes at least—*e. g.*, that arising from traumatism—increast adrenal secretion may be a factor in the pathogenesis. Phloridzin intoxication, which reproduces grave diabetes in man as regards denutrition, causes an extraordinary lowering of the threshold of urinary sugar excretion, and its study has led to the differentiation of several types of diabetes, due to different combinations of pathogenic factors. Acetonemia is not a mere complication of diabetes, but a necessary end result in all progressiv cases, being due to a more or less markt loss of glycolytic power, which, in turn, causes carbohydrate starvation, even tho a sufficient amount of carbohydrates is ingested and absorbed. A specific remedy exciting glycolysis is not yet available. Therefore diminishing, by an appropriate diet, the demands upon the glycolytic function of the diabetic organism remains the best method of fortifying this function. Where disappearance of glycosuria cannot be obtained by restriction or even suppression of carbohydrates, interdiction of meat, in conjunction with the green vegetable or oatmeal cure, will generally procure the desired result. Lentils and beans are very advantageous as regards high ratio of vegetable albumin to starch content; yet rice and potatoes have also at times proved beneficial. Glucose is better borne by rectum than by mouth. Levulose and inulin are sometimes serviceable. A slight excess of meat increases glycosuria but very little in ordinary cases of diabetes. Egg albumin is likely to be better borne than casein, tho individual variations and idiosyncrasies exist as regards the various albumins.—*New York Medical Journal.*

[The administration of alkalies must not be forgotten, as alkalin blood-serum neutralizes acidity in the blood and stimulates excretion by the kidneys.—ED.]

Connection Between Gastro-Intestinal Disease and Diabetes.

Dietrich has examined the gastric juice in all his forty cases of diabetes and found normal conditions only in 25%. There was severe gastric catarrh or achlorhydria in 67.5%, and this large proportion excludes a casual coincidence. In one case of mild diabetes a severe gastritis developt within a month after the first symptoms of the diabetes. He does not think that the diabetes can be the cause of the gastritis, but inclines to the view that the latter is responsible in some way for the development of the diabetes, and this view is confirmed by the benefit which followed lavage of the stomach. The sugar disappeared completely from the urin in three of the nine cases of diabetes in which he applied lavage without enforcing an antidiabetic diet. He believes that the gastro-intestinal trouble can be transmitted to the pancreas, and that in all cases of diabetes the gastro-intestinal tract should be carefully examined for pathologic conditions at any point; remedying them may improve conditions in the pancreas, and this in turn will improve the diabetes. At least the condition in the pancreas may be kept from growing any worse and thus the diabetes be kept stationary. There is much to indicate, he says, that more than one organ concerned in the metabolism of carbohydrates must be involved in the causation of diabetes, and that the pancreas is not the one to be affected first. In a certain proportion of cases the pancreas becomes diseased from the spread of inflammation in the duodenum.—*St. Petersburg Med. Woch.*

Effect of Typhoid Vaccine on Sugar Output in Diabetes.

F. A. Prendergast, having seen the statement that in diabetics the sugar disappears from the urin during an attack of typhoid fever, and well on into convalescence, thought it would be of interest to know the effect of typhoid vaccine on the sugar output in diabetic patients. The experiment was tried on four patients. These were first put on the regular hospital diabetic diet, and an attempt made to get their average twenty-four-hour amount of sugar. Then, with patients still on same diet, treatment was begun with typhoid vaccine—50,000,000 to 100,000,000 at four-day intervals, the result being that the sugar output was very markedly reduced. After a period of from three to four weeks the vaccine was discontinued, and the sugar amount taken at intervals. At the end of another four weeks a return to vaccine treatment was made, and the sugar output was again checkt.—*Medical Record.*

Rice as a Food for Diabetics.

Heinrich Stern, in *Medical Record*, June 29th, recommends rice for diabetics, as he found it may be employed for a longer period than any other carbohydrate food, and adapts itself to various forms of preparation. He says 15 drams of the absorbable starch granules of rice generally produce the anti-acetonemic effect of 62 drams of oat starch, and that pronounced cases of acidosis are frequently suppresst by the ingestion of 25 drams of rice. The amount of rice requisit to depress the acetonuria does not necessarily increase the intensity of the glycosuria. In a large number of cases the glycosuria will even temporarily decline in a markt degree. Practically all the rice is absorbed and a certain amount is assimilated by the diabetic, evidenced by increase in weight and vigor and the reduction of glycosuria and acidosis.

Pillow and Straps for Maintaining the "Fowler Position."

The *Practitioner* for July, 1913, says that Dr. Hamilton Whiteford, of Plymouth, has devised an arrangement of pillow and straps for keeping a patient in the "Fowler position." The pillow is two feet long and one foot wide, is stuffed firmly, and covered with mackintosh. The center of one side is cut out in a semicircle. Two

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straps of webbing are attached to one face of the pillow in its long axis, and their adjacent ends converge to a buckle at each end of the pillow. Two separate straps, each with a leather loop at one end to connect it to the head-rail of the bed, make connection by the other end with the two buckles on the pillow. In use the patient is supported by means of a bed-rest, at the required angle. The leather loops are put on the top rail at the head of the bed, about two feet apart. If this rail is lower than the patient's shoulders, the strap must pass over the top of the bed-rest and then under or outside the patient's arms down to the buckles. The pillow is placed with the semicircular gap upward, and its straps next the bed. It is covered with a warm towel and slipped beneath the thighs across

Fowler Position.

the bed and against the buttocks. The ends of the straps from the head of the bed are passed through the buckles. A nurse on each side of the patient places one hand under the pillow and gradually raises that and the thighs, with the other hand tightening the straps in the buckles equally until they are quite taut. The patient is thus supported as if in a swing, but the seat presses against the back of the thighs and not against the buttocks. The feet are supported on an ordinary pillow. The semicircular opening lies opposite the perineum, giving access to the urethra and rectum, which is especially useful if saline is being given per rectum. The patient in this way is kept in the "Fowler position" and not dragged into it. An experience of over three years has proved its comfort for the patient, and its usefulness to the nurse.—*Therapeutic Gazette.*

Tobacco vs. Mental Efficiency and Vascular Tone.

Dr. A. D. Bush gives the following summary from his investigations:

1. A series of 120 tests on each of fifteen men, in several different psychic fields, show that tobacco smoking produces a 10.5% decrease in mental efficiency.

2. The greatest actual loss was in the field of imagery, 22%.

3. The three greatest losses were in the fields of imagery, perception and association.

4. The greatest loss, in these experiments, occurred with cigarettes.

5. Nicotin was found in the distillates of all tobaccos tested.

6. Nicotin was not found in the smoke of any tobacco, except that of cigarettes, and then only in traces.

7. Pyridin was found in the smoke of all tobaccos tested.—*New York Medical Journal.*

Dr. E. E. Cornwall, in *American Medicin*, writing on the same subject, says that his observations on the effects of chronic tobacco poisoning contain the suggestion that chronic tobacco poisoning has a disturbing effect on the vasomotor mechanism, depressing heart action and blood pressure, and also that it has a disturbing effect on the myocardium, which manifests itself by signs and symptoms resembling those of myocardial degeneration. Extended observations conducted along these lines, especially with carefully guarded functional tests of the myocardium in relation to the different phases of tobacco poisoning, would seem to promise help in clearing up the subject, at present obscure, of the effects of tobacco on the circulatory apparatus.

Effect of Nicotin on Adrenal Secretion.

Cannon, Aub and Binger took longitudinal strips of intestinal muscle from cats and applied to them warm defibrinated blood obtained from the vena cava immediately anterior to the opening of the adrenal veins, before and after the intravenous injection of nicotin. The characteristic inhibition of the rhythmic contractions of intestinal muscle produced by epinephrin was taken as a measure of the amount of this body present in the specimens of blood obtained. It was found that the blood taken after the nicotin injection differed from that removed before the injection in producing arrest, slowing, or lowered tonicity of the contractions of intestinal muscle. The conclusion reacht was that injections of nicotin in small amounts (from 0.0035 to 0.0075 gram in cats) result in augmented adrenal secretion. That the inhibitory action could not be accounted for by an effect of the nicotin itself on the muscle was shown by appropriate experiments.

The Unlicensed "Drugless Healer."

The December issue of the *Hahnemannian Monthly* contains an editorial on this subject. Many will be surprised at the number of "drugless healers" in Pennsylvania, and yet there is hardly a small borough that does not contain one of these illegal "doctors."

Each qualified physician in the state owes it to himself, to the profession as a whole, and still more to the community to try to have those "doctors" brought under some regulation or else driven from the state. The Bureau of Medical Education and Licensure is now vested with sufficient authority to begin looking after these unlicensed healers, and it is understood that it is planned to test out in various ways these men and women as regards their diplomas, time of practise, personal standing in their community, and by examination as to fitness to continue their limited practise. The better qualified ones may be licensed and the others prosecuted if they continue to practise without a license.

It has been suggested that hereafter any one desiring to enter the practise of any of the drugless methods shall qualify as follows before being ad-

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mitted to the state examination for the purpose of testing the qualification of these limited practicians:

1. A preliminary education equivalent to that of a medical student, passed upon by the Bureau of Professional Education.

2. The full medical course for the first two years (the laboratory years) in one of our medical schools, or a school with equivalent standards, omitting materia medica and minor surgery.

3. A third year including diagnosis and symptomatology, hygiene and preventiv medicin, toxicology and therapeutics of any branch of drugless healing or all or any branches they care to select.—*Penna. Med. Jour.*

Begin the Fly Crusade.

The sooner the fly-swatting is begun, the fewer flies will be hatcht this summer. Kill the first fly that makes its appearance to prevent its propagating millions of others later on. Keep on eradicating the flies as they make their appearance. The progeny of a single pair of flies, assuming that they all live, if prest together at the end of the summer, would occupy a space of over fourteen million cubic feet, which goes to show the tremendous necessity of killing the earliest flies in spring. Use screens and fly traps and kill them off as fast as they make their appearance.

EXAMINATION QUESTIONS.

Ohio, June 2-5, 1913.

DIAGNOSIS.

1. State the difference between organic and functional murmurs.
2. Describe method of examining the size of the spleen.
3. What is the diagnostic significance of edema of one arm and hand?
4. Describe râles, mention varieties and state diagnostic significance.
5. What are friction sounds and what do they signify?
6. What pathologic significance has an increast vocal fremitus?
7. What is dyspnea and what does it signify?
8. Describe diagnostic indications from the character of cough.
9. Describe aphasia; name varieties in reference to localized lesions.
10. In what pathologic conditions is ocular paralysis present?

Answers.

1. *Organic murmurs* are due to stenosis or incompetency of one or more of the valves of the heart. *Functional murmurs* are not due to valvular disease.

Organic murmurs may be systolic or diastolic; may be accompanied by markt dilatation or hypertrophy, and there will probably be a history of rheumatism or of some other disease capable of producing endocarditis. Whereas a murmur, usually systolic, soft, and blowing, heard best over the pulmonic area, associated with evidences of chlorosis or anemia, and affected by the position of the patient, is a *hemic* or *functional* murmur, and denotes as a rule an impoverisht condition of the blood.

2. An enlarged spleen is diagnosed by palpation. "The position of the patient should be right lateral if minor enlargements are to be noted, as in typhoid fever or other acute infections, and the right hand should make pressure posteriorly while the left makes palpation. Abdominal distention defeats palpation save in great enlargement and the normal spleen is not palpable. If greatly enlarged the dorsal position is to be preferred and the condition can hardly be overlookt, unless with a tense wall the careless or hurried examiner fails to get below the actual border or to distinguish between muscular resistance on the one side and the splenic mass on the other. In these cases the chief notch in the anterior border is sharply defined and quite distinctiv. In all cases where doubt arises as to the nature of a large tumor in the splenic area it should be remembered that a splenic growth or tumor is superficial, that its dulness is markt and can be carried directly back to its normal area behind the ninth, tenth and eleventh ribs, that it ordinarily moves directly with respiration, and that if the colon be inflated splenic tumor dulness is not impaired. On the contrary, large renal tumors extend more deeply, are relativly fixt or immovable, are likely to be reniform or nodular, and are prest by an area of resonance if the colon be distended with air. As in the case of the liver, a downward displacement of the diaphragm may produce an apparent increase in the lower splenic area just as an emphysematous lung or a pneumothorax may cause an apparent diminution in its upper percussion area." (Greene's "Medical Diagnosis.")

3. *Edema of the arm and hand* "may be the result of a tumor of the mediastinum or lung, aneurysm of arch of the aorta, innominate (right arm) or axillary artery, thrombosis of the axillary vein, enlargement of the axillary glands, or trichiniasis." (Butler's "Diagnostics of Internal Medicin.")

4. *Râles* are adventitious sounds heard during respiration; they originate either in the air passages or the pleura. Râles are classified as dry râles and moist râles. *Dry râles* are sibilant or sonorous, and are heard in bronchitis, bronchial asthma, and pulmonary phthisis. *Moist râles* are crepitant, subcrepitant, mucous and metallic râles. *Crepitant râles* are heard in lobar pneumonia, pulmonary edema, hemorrhagic infarction, and atelectasis. *Subcrepitant râles* are heard in bronchitis, pulmonary edema, atelectasis, phthisis and edema of the lungs. *Mucous râles* are heard in phthisis, bronchitis and bronchiectasis. *Metallic râles* are heard in cavities, consolidation around large bronchi, and compresst lung.

5. *Friction sounds* are rubbing or creaking sounds due to friction of opposed pleural surfaces when inflamed and coated with fibrin; they are similarly produced in like conditions of the pleura and peritoneum.

6. *Increast vocal fremitus* is found in: Consolidation or infiltration of the lung, pneumonia, pulmonary tuberculosis; also when there is a tumor between the chest wall and a large bronchus; sometimes, too, in the presence of cavities in the lungs.

7. *Dyspnea* is difficult, painful or laborious breathing; shortness of breath.

"*Dyspnea may be due* to obstruction of the air passages, pressure upon the respiratory system from without by tumors, and distention of abdomen, diseases of the lungs and pleura, heart disease, asthma, anemia or paralysis of muscles of respiration as the result of hemorrhage, tumors or degeneration of the respiratory center in the medulla or toxic agents in the blood. It may be *inspiratory* when it results from obstruction, as in foreign bodies in the larynx or trachea, or it may be *expiratory*, as in emphysema or bronchial asthma. A combination is the more frequent condition. In all forms of dyspnea it is important to determin whether the shortness of breath bears any relation to exertion. Dyspnea *independent of exertion* is a serious condition and is symptomatic of severe cardiac and pulmonary disease. Dyspnea *dependent upon exertion* is less serious and is observed in health, simple debility, anemia, obesity and somewhat moderate cardiac debility." (Hughes' "Practice of Medicin.")

8. "DIAGNOSTIC INDICATIONS FROM THE CHARACTER OF COUGH. (*a*) *Dry cough* is found in the first stage of acute bronchitis, pulmonary phthisis, bronchial asthma, pertussis, epidemic influenza, and acute pneumonia; pleurisy, and diseases of the nasopharynx and larynx. It is also caused by: Inhalation of irritating fumes or dust, elongated uvula or enlarged lingual tonsil, foreign bodies, and 'reflex' or extra-respiratory conditions. A single, slight, dry cough, frequently repeated, is the 'hacking' cough pre-monitory of pulmonary phthisis. (*b*) *Loose cough* occurs in the later stage of acute bronchitis, pertussis, pneumonia, pulmonary phthisis, bronchial asthma, bronchiectasis and pulmonary gangrene. (*c*) *Paroxysmal cough* is most characteristically seen in pertussis. It also occurs in the second stage of acute bronchitis and the softening stage of pulmonary phthisis. It may be due to abscess of the lung, bronchiectasis and phthisical or gangrenous cavities; also to enlargement of the bronchial glands, mediastinal tumor and other extra-respiratory lesions. (*d*) *Laryngeal cough* may be due to spasm of the larynx, laryngitis, tuberculous or syphilitic ulceration of the larynx, inhalation of dust particles in certain occupations, impacted foreign body in larynx, food particles entering the larynx in pharyngeal paralysis, elongated uvula, or enlarged tonsils; it may also be due to irritation of the recurrent laryngeal branch of the pneumogastric nerve by the pressure of thoracic aneurysm, cancer of the esophagus, enlarged bron-

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chial glands, and mediastinal tumor. (c) *Suppress cough* may be due to: Pleural inflammations (especially diaphragmatic pleurisy), pneumonia, pleurodynia, acute peritonitis and abdominal rheumatism; also pertussis, or acute coryza and bronchitis." (From Butler's "Diagnostics of Internal Medicin.")

9. "The speech areas, four in number and in kind, are in the left hemisphere in right-handed persons and in the right in left-handed persons. There are two types of aphasia, which is the loss of the power of speech, known as motor and sensory aphasia. The motor speech center lies in the posterior part of the third frontal convolution (Broca's convolution), just in front of the center of the muscles of speech (hypoglossal and facial nerve centers). A lesion of the motor speech center causes motor aphasia, in which there is a loss of the word-forming power, altho the tongue is movable and the patient may understand spoken and written language and knows what he wants to say. It is as if memory of the motor combinations essential to produce speech were lost.

"The power of writing is usually lost with motor speech. The probable location of its cortical center is in the posterior two-thirds of the first, and perhaps in the second, temporal convolution. A lesion here causes 'word deafness,' a sensory aphasia in which the memory of the sounds of words is lost so that they are not understood, tho hearing may be normal.

"The visual speech center lies in the posterior part of the angular gyrus in the outskirts of the higher visual or the visuopsychic field. Word-blindness (alexia), or the loss of memory of printed or written language, is caused by a lesion here, tho sight itself may be normal." (Woolsey's "Surgical Applied Anatomy.")

10. *Ocular paralysis may be present in:* Syphilis, tumor of the brain, cerebral hemorrhage, locomotor ataxia, meningitis, toxemia or injury or inflammation (in the sphenoidal fissure).—*Medical Record.*

(*To be continued.*)

BOOK REVIEWS.

THE CLINICS OF JOHN B. MURPHY, M.D. At Mercy Hospital, Chicago. Vol. III, No. 1. Octavo of 190 pages, 91 illustrations. Philadelphia and London: W. B. Saunders Co., 1914. Publisht bimonthly. Price per year: Paper, $8; cloth, $12.

Many of the cases referred to in this issue have already been reported in past issues, being shown during the Clinical Congress of Surgeons in November, 1913, and are repeated to make the record complete, as well as to furnish progress or complete histories. This issue covers Fracture of Internal and External Malleolus on a line with the Tibio-astragaloid Articulation; Ankylosis of Hip due to "lipping" of rim of Acetabulum; Complete bony Ankylosis between Tibia and Patella and Femur; Tuberculosis of the Testicle, paraffin substitute for testis; Charcot Ankle; Lord Lister and Antiseptic Surgery; Nitrous Oxid Anesthesia; Metastatic Infections; Gastric Ulcer and Gastric Carcinoma; Ununited Fracture of the Ulna, etc.—A. L. R.

LECTURES ON MEDICAL ELECTRICITY TO NURSES. By J. D. Harris, M.D., Durch., M.R.C.S., Senior Surgeon and Honorary Medical Officer in Charge of the Electrical Department, Royal Devon and Exeter Hospital. 85 pages, 23 illustrations. Publisht by Paul B. Hoeber, 69 East 59th St., New York. Price, $1, net.

The author has examined nurses after giving them the gist of the text in lectures, and found that "they could take an intelligent interest in the progress of the patients and carry out their treatment safely." Caution and method are emphasized as essentials, and much good advice and electrical instruction are found. Enuf elementary information is given to make the principles of the various currents plain. Coils, batteries, Leyden jars, condensers, static machines, etc., are illustrated and their action explained. A few pages of "Useful Wrinkles" follow the text, and these are of practical value. The text is admirably adapted to the needs of the nurse, and physicians will find it valuable for the use of the nurse who has had scant electrical training.—A. L. R.

THE INTERNATIONAL MEDICAL ANNUAL. A Yearbook of Treatment and Practician's Index. 1914. Thirty-second year. 676 pages, 63 plates and 82 cuts. Publisht by E. B. Treat & Co., 241 West 23d St., New York, N. Y. Price, $3.50.

It has a glossary of the newer terms now in use. There is no striking advance to be recorded in the past year's work, but "the interest in salvarsan and neosalvarsan is gradually ceasing, and the profession is beginning to recover faith in mercury." "The therapeutic value of camphor, aconite, and sumbul is questioned." Without startlingly notable novelty, there is a great wealth of details of technic—diagnostic, clinical, and surgical—so that a hundred more pages than usual are incorporated in this issue. It is the most convenient form of ready reference for the general practician who wishes to keep in intimate touch with the latest advances along every line. It is complete, inexpensiv and dependable. The cuts are of a high grade, and no better plates are found in any text-book. Its consistent purchase every year will keep any library modern and efficient.—A. L. R.

Acknowledgments.

Non-surgical Gynecology, with Special Reference to Pelvic Massage. By Ferdinand Herb, M.D., Chicago.

The Surgical Treatment of Cancer—Technic of the Intra-abdominal Administration of Cancer—Arterial Ligation, with Lymphatic Block, in the Treatment of Advanced Cancer of the Pelvic Organs, with a Report of 56 Cases—Possible Errors in the Diagnosis of Abdominal Cancer, a Plea for Exploratory Laparotomy; Illustrativ Cases. These are four reprints of articles by Dr. Wm. S. Bainbridge, of New York.

The Willows Magazine, Vol. iii, No. 8.

Cremation *vs.* Earth Burial. By Hugo Erichsen, M.D., 240 Chandler Ave., Detroit, Mich.

The Conflict of Conscience. By C. G. Davis, M.D., Chicago.

Treatment, a Monthly Review of Current Medical Literature. Vol. iv, No. 5. 103 John St., New York.

Clinical Experiences with Phylacogens. By W. B. Coffey, M.D.—Experiences with Phylacogens in Surgical Infections. By B. F. Alden, M.D.

Intravenous Anesthesia. By Wm. F. Honan, M.D., and J. W. Hassler, M.D., New York.

University of Missouri Bulletin, Vol. 15, No. 8.

Annual Report of Library Committee of College of Physicians, Philadelphia, 1913.

Sanitary Conditions Among the Eskimo. By Emil Krulish, U. S. Public Health Service, Washington, D. C.

Pennsylvania Tuberculosis Dispensaries, Sanatoria and Rules. Publisht by State Department of Health, Harrisburg, Pa.

Health News. Bureau of Municipal Research, Philadelphia.

The Wassermann Reaction in Cancer. By F. J. Fox, M.D., New York.

Care of the Baby. Prepared by a committee of the American Association for the Study and Prevention of Infant Mortality. Supplement No. 19 to Public Health Reports, U. S. Government. Copies can be had for 5 cents each from the Superintendent of Documents, Government Printing Office, Washington, D. C.

Monthly Bulletins of the Bureau of Health of the City of Philadelphia.

Obesity Cure Fakes. Price, 10 cents. Publisht by the American Medical Association, 535 N. Dearborn St., Chicago, Ill.

The Effect of Intraperitoneal Injections of Ozone in Animals Following Injections with Virulent Bacteria. A Study of the Action of Oxygen, Hydrogen Dioxid and Ozone Gas upon the Growth of Certain Bacteria. By S. E. Finch, M.D., New York.

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OUR MONTHLY TALK.

It is unsafe, these days, to make any comment about Mexico except for "immediate consumption," as the situation may change radically in any twenty-four hours. At the present writing (April 16th) it seems that the chief Mexican ports will be blockaded unless, or until, the apologies demanded are made. But a blockade does not always mean war—and I hope sincerely that it will not in this case.

Last month I suggested the possibility of a break between north Mexico at about the 26th parallel (including the northern tier of states and possibly parts of some states adjoining the northern tier) and the rest of the country. There seems to be a natural break at about this point, and it is doubtful if northern Mexico will ever again submit itself to a government in the City of Mexico unless the latter shall be dominated by northern Mexico, and in that case the trouble is likely to be between that government and the rest of Mexico. So it would seem that northern Mexico, if separated from the rest of Mexico, might be able to govern itself successfully; ditto the rest of Mexico.

We here see close to us what we have seen in the smaller republics further south, the extreme importance of the problem of government. We, ourselves, with our high average of intelligence and morality, with our free common schools, numerous institutions of higher education, popular press, etc., have not yet evolved a perfect government. Many have been our scandals, our corruption has been great, and our efficiency in government nothing to be proud of. But we have hung together, and have but seldom resorted to violence. We have tolerated one another's imperfections till the next election, then the contending party has done a little better, and thus by degrees we have improved and prospered. But when a country is in the chronic revolution stage of civilization and neglects such fundamental things as common schools and a free press, it is hard for it to get a start upward, and hence it remains in disorder and poverty, even amid natural riches.

Our government, national, state and local, has not been perfect by any means; but it has been sufficiently stable to permit wonderful development of industry and creation of wealth, and our government is improving all the time in honesty and efficiency.

If the government of Mexico, and of some other countries to the south of us, could become sufficiently stable to maintain domestic tranquillity, promote popular education and give the common man a chance in land ownership and industry, we would see wonderful developments in those sections. By noting the conditions there we can realize how valuable to us is a successful plan of government. We have passed thru many disturbances, including a horrible civil war. But we have come thru it all, and now we have domestic tranquillity and a great and prosperous nation. The possibilities of great wealth and prosperity are in Mexico, if only the government were successful.

A Lesson in Psychology.

Do you realize how important psychology is in relation to any problem? The following editorial from *Collier's* illustrates this:

Treaties and Tolls and Moral Tests.

Did we go too far when we said that the man who can read the English language as used in the Hay-Pauncefote Treaty, and still maintain that we have the right to exempt our coastwise ships from Panama Canal tolls, "thereby proclaims his own moral status"? Several of our readers seem pained by what they regard as an impugnment of their moral status, and have protested that they believe in the free-tolls law, and claim both the ability to read English and honesty of purpose. That acute ethical philosopher, William Marion Reedy, of the St. Louis *Mirror*, agrees with us. "Against the simple moral proposition of the President's canal-tolls message," says the *Mirror*, "all the talk about running the canal to please ourselves is mere bluster. You can't beat the Golden Rule." The New York *World* calls our utterance "a concise and correct statement of the case." What *Collier's* said has been widely approved and not severely criticised by many people. And yet we are not inclined to stand on this record. Maybe we were wrong after all. Minds are such curious things! Martin Luther honestly believed that the devil appeared to him and he threw his inkstand at the adversary. Edmund Burke honestly believed that the rotten borough system of England was essential to the existence of the nation. William of Orange believed himself to have a moral right to give away the crown lands of Great Britain and Ireland to his Dutch friends. William Pitt, under honest conviction, kept himself in power by the most gigantic system of corruption ever known. Honest lawyers argue acutely for the wrong sides of cases. Many honest people believe that we may exempt American coastwise ships from canal tolls without committing any act of bad faith. We don't.

Now I wonder if I may dare to present another editorial from the same source. It is still a question of psychology. As strange as it may seem to nearly every man who has the broad culture and tolerance that a physician is supposed to have, a few even of such will bristle up as tho the most important question in our intellectual life dare not even be discust:

The Samaritan Religion.

The Philadelphia *North American* has sent to a number of persons letters, the gist of which is the following questions:

1. Does your observation of the present time lead you to believe that some sort of spiritual awakening, or upheaval, or fresh expression, is impending or imminent?

2. If so, what form, in your judgment, is the revival, or experience, or manifestation, likely to take?

Some of the answers publisht have been rather hectic, to say the least. But one, the letter of Charles W. Eliot, president emeritus of Harvard University, is worth reproducing if only because it presents (in fewer words than any one else could put them) the state of mind of many Americans to-day:

A new religious sentiment seems to me to be gradually spreading thruout the world, and especially among young people in the United States.

It is a sentiment which takes small account of ceremonies, rites, sacraments, creeds, and dogmas, but inspires an enthusiasm for the service of family, neighbor, and society at large.

Guided by the modern scientific spirit, this sentiment is developing a new kind of Christianity, based on the ethics taught by Jesus, and particularly on the command, "Thou shalt love thy neighbor as thyself," and the parable of the good Samaritan.

In their youthfulness of spirit these three sentences are worthy of their author. Tho Dr. Eliot's religion is not orthodox, it is sincere. Dr. Eliot is, incidentally, our candidate for the biggest man now living in America. Hardly a week goes by but we get, out of some of his public utterances or activities, a fresh conception of the loftiness and breadth of his view of our contemporary civilization and the things that are necessary for its richer development.

By the way, accepting Dr. Eliot's definition, about the most irreligious feature of present-day life is the spectacle of some men growing rich thru inducing other men to consume alcohol.

Is any reader ruffled? If so, why? It is just such frank expressions of mature and deep convictions that have made civilization and intellectual development what they are. Shall we

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not continue this process till the highest stage of civilization has been reacht?

The Incidence of Taxes.

The proper incidence of taxation has long been, and will long continue to be, an important subject in economics for discussion. New York state has an inheritance tax law, and here is a sample of how it works (clipt from the *Public*):

The New York state inheritance tax of the heirs of John Jacob Astor was fixt on January 23. Vincent Astor, whose share of the bequest is $68,995,190, must pay a tax of $2,743,307. Mrs. J. J. Astor, the widow, must pay $246,691 on a bequest of $6,599,777. Mrs. Ava Willing Astor, divorced wife, must pay $177,570 on a bequest of $4,851,758.

It does not cost a poor man so much as that to die; and yet there is no tax more just than an inheritance tax, and none so easy to pay. The dead man has no needs; and the heirs receive what they did not before possess. It can be no actual hardship to any one for the government to take a slice from what passes to those who have not earned it. However, such taxes are applied only to the very wealthy. And, usually, it should be a national tax instead of a state tax; for what great fortune in this country was ever created or accumulated in a single state? This is more true of the Astor fortune than of other great fortunes, for the Astor estate consists chiefly of New York City real estate, which has increast tremendously in value. However, New York City has grown chiefly because of and at the expense of the rest of the country. So even the exception of the Astor wealth to the rule that great fortunes are drawn from the country at large instead of from a single state is only an apparent exception. And the logic of this rule leads to the conclusion that inheritance taxes should be national rather than state. We now have a national income tax, and I hope that a national inheritance tax will be added thereto, as in most European countries. States can impose direct taxes on property, and leave income and inheritance taxes to the general government. However, in the absence of a national inheritance tax, I am glad that New York state had such a law to catch a very small portion of the Astor fortune. It should have been very much larger, and then too much would have been left to the chief heir. In the course of human events, several other excessivly large fortunes will soon pass from their accumulators; for example, the Carnegie and the Rockefeller fortunes. Before they pass we should have a national inheritance law, so that the Nation may inherit, by law, a large percentage of these fortunes. They were accumulated from the people of many states—the Nation; and when their accumulators have no further use for them a large percentage should pass to the Nation.

It is a source of satisfaction to note that it is now calculated that the income tax will yield about $100,000,000, from about 700,000 persons well able to pay. This is better than the same amount taken from people not able to pay, by means of a tax on sugar and other necessities of life.

The Coming Elections.

In the face of congressional elections, Congress usually wants to adjourn early so the members can go home and "mend their fences." The attention that members must give to keeping their places is a serious interference with their duties. Particularly is this true because they do not s in Washington until more than a year afte their election, unless there should be an extr session. They usually have to think of their re election before they have begun their duties a all. This unreasonable arrangement must b remedied some time.

It has been thought that an early adjournment say about the middle of June, would be reach for this session. But at present it seems prob able that the session will continue perhaps u mid-summer, or longer. Up to the present tim it seems probable that the people at the con gressional elections will support the admin istration by continuing democratic control of bot houses. However, much can happen between no and November; and much may depend upo the strength of the "progressivs" in dividing th opposition vote. The administration deserves t be sustained; and it is better for the countr for the White House and the Capitol to be i harmony, instead of being in opposition; fo when they are in opposition nothing can be don

I fear that much will happen this summer i regard to Mexico and our other foreign relation but I hope for the best. I think our affair are in good and safe hands. Also it now seem probable that important trust legislation will b enacted during this session. This Congres already has much to its credit—the new tari and the currency law. If it should add any mor important legislation it will become historic fo its achievements.

Importance of Local Government.

But Congress and the President are not all o our government—it is not all in Washington Municipal government touches a citizen man more times per day than the national gover ment. For example, every citizen is affected co stantly by the water supply, the telephone an street-car service, the gas and electric light, th condition of the streets, etc., etc. During th past ten years a revolution has been going o in the plans for and the processes of city govern ment. The old mayor and two-chamber city council plan has been supplanted in over 30 cities and towns by a small commission, usually of five members, one of which is sometimes called "mayor." The efficiency of local govern ment is greatly increast by this concentration o power and responsibility, and usually with thi plan go the Initiativ, Referendum and Recall to prevent abuse of this concentrated authority. However the "city-manager" plan is now con ceded by students of municipal government t be an improvement on the commission plan, and it has been adopted by nearly a dozen munici palities.

The great improvement which these changes i plan have wrought suggests the desirability o changes in the establisht plan of state govern ment, together with the adoption of the Initi ativ, Referendum and Recall. These matters are dealt with in *Equity*, the April number of which I will send to WORLD subscribers for the nominal price of 5 cents (regular price, 15 cents). It is a quarterly at 50 cents per year, and a few WORLD subscribers have accepted my special rate to them of 25 cents per year. It is not publisht for profit, but as a patriotic contribution for the good of the country.

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(Continued over next leaf.)

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1914

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THE MEDICAL WORLD

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The Medical World

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VOL. XXXII JUNE, 1914 No. 6

The National Antinarcotic Bill.

The Harrison antinarcotic bill (H. R. 6282) has yet to be acted upon finally by the United States Senate. We mentioned last month the amendment sought to be interjected by Senator Nelson, of Minnesota, at the instigation of the druggists' national association, with the intention of crippling the doctor in his efforts to heal the sick. Why are not the Minnesota doctors on the trail of Senator Nelson to persuade him to recall his amendment entirely? There is a big and quick work for the Minnesota profession to do, and it needs to be done without loss of time.

We have been discussing this bill for a year and are at a loss to understand how any Senator can have lived so long and not have learnt from the physicians of his state what they expected of him in regard to narcotic legislation in general and this bill in particular. We fear that some of our efforts were in vain or he would have heard from the doctors of Minnesota.

Perhaps Senator Nelson has heard from the medical men, but it may be that the druggists have spoken first and louder.

The amendment to which we so seriously object prevents the physician from dispensing any drugs containing narcotics, in however small quantity. He is permitted only to "administer" them—which is a nurse's function. The enormous difficulties attendant upon such a change in physicians' methods of healing the sick has never dawned upon the mind of the Senator, else he would never have offered such a mischievous amendment.

This amendment is nothing more nor less than exploiting the public in the interest of the druggists. Its effect is to compel physicians to write prescriptions for all such drugs in order to make more business for druggists. This is adding a burden on the public without compensation. When the physician dispenses drugs he usually does not charge his patient anything additional. Hence, the price of the prescription is the tariff the sick will be compelled to pay to the druggist if this amendment becomes law.

When the doctor is called ten or fifteen miles out in the country and gets to his destination about or after midnight, what will the sick person do for medicin if he must wait for some one to drive that same distance to town to get the medicin from a druggist? We know a druggist who resolutely and firmly refuses to arise between 10 p. m. and 7 a. m. for any customer. If the above-mentioned sick person were compelled to await this druggist's pleasure in arising, will the sick person be properly cared for by the law? In other words, is he being treated fairly by the law if he is placed in such a predicament? But even if the sick person sends in the daytime for his medicin and it is only a question of

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time when he shall have it, still it is a great and wholly unnecessary delay. If such events as these happen on an average of six times a day in the practise of each physician, how great is the aggregate for the entire United States? How much better for the physician to dispense the medicin as he goes along his journey!

In addition to interfering with the dispensing of medicins by the doctor, the Nelson amendment will require the physician to keep a list of the names and addresses of all persons to whom these drugs are administered and also the date. These records are to be kept accessible to inspection for a period of two years by Federal internal revenue officers, state boards of pharmacy, state and municipal health officers and municipal police officers.

If there is any worse way of hampering a physician in following his daily vocation and interfering with his doing the things he was educated and trained to do, it can only be that of entirely prohibiting him from doing them. Up to the present time physicians have been considered as sufficiently intelligent and capable of knowing what was good for their patients, and, knowing what was good, also capable of dispensing it. But now come the druggists' associations, with purely commercial motivs, whose main purpose is to get and control as much business as possible, and they persuade our lawmakers to hang shackles on the doctors for the benefit of the druggists. Meanwhile the public is being squeezed for large profits for the druggists.

We do not see anything in this amendment to interfere with druggists. They can continue to sell what they sold before. They are not required to keep any different records from what they kept before. They merely place their prescriptions on a file for two years, and they have always done so, in order to be ready to refill the prescription whenever it was brought in. Nothing in the bill prevents a druggist from refilling prescriptions for narcotics. They can continue to sell patent medicins containing these narcotics as before. Nothing in the bill prevents counterprescribing by the druggist. He may misdiagnose and upon his diagnosis sell a person drugs that will be of no use to him. We have discust this matter very pointedly heretofore.

The amendment offered by Senator Nelson in effect is malevolent and must be defeated. Physicians thruout the United States should write to their senators and congressmen and strongly protest against such unjust propositions as the Nelson amendment. Do it now.

As we said before, the bill as passed by the House of Representativs was entirely satisfactory, having been accepted by physicians and druggists alike. But the druggists have attempted eleventh hour jugglery with the bill by attempting to foist the Nelson amendment on it after it was accepted by all parties concerned. The United States Senate should pass the bill as it originally came from the House. Every amendment added to it only jeopards the success of the measure when the time comes for it to be acted upon in the House after the Senate gets thru with changing it. The bill should not be amended by the Senate. Our readers should urge its immediate passage without amendment and the absolute destruction of the amendment offered by Senator Nelson.

Equally pernicious to the Nelson amendment is the amendment proposed by the National Drug Trades Conference, which, while permitting doctors to dispense these remedies in a legitimate manner, compels them to keep a record of each dispensing in a suitable book kept for that purpose and open to inspection. This would require the physician to carry the book with him always and keep a record of every little tablet, hypodermic and all other kinds, that he makes use of or dispenses. Our legislators—in Congress and the state legislatures—should not heed the druggists' advice in regard to laws affecting physicians. The physicians themselves should be askt regarding the justice of such measures.

The antinarcotic bill as passed by the House of Representativs was a compromise measure, to which the doctors and druggists had agreed. Since that time the druggists have treacherously broken faith in the agreement and are now endeavoring to replace in the bill while it is in the United States Senate the features, objectionable to doctors and prejudicial to their interests, that were in the original bill and later removed by the House committee upon agreement with physicians and druggists.

These things must now be combated again by the medical profession to preserve their rights in the practise of their profession. They must be combated vigorously to be successful. The druggists are thoroly organized for the purpose of securing the

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legislation that they wish, while the doctors are not organized for that purpose, and therefore each individual physician must consider it his personal duty to attend to this matter insofar as he can.

Should either of the above-mentioned amendments be added to the bill and enacted into law, the medical profession will wake up some day to find an immense amount of routine clerical work fastened upon it. Probably a great many members of the profession at the present time are not aware of the possibility of this occurrence and will ask, after it occurs, how it was done so quietly. We have told it repeatedly, but perhaps many of our readers have not done their share. It is time for the entire profession to get busy and give this matter one mighty heave to bury the Nelson and National Drug Trades Conference amendments. They must be defeated in the interests of right and true practise of medicin.

All our medical societies should take an interest in this work. They should take up the cudgel in the interest of the entire profession and forward resolutions similar in tone to those of the Chicago Medical Society, printed in our May issue, page 178. As we said last month, if the now existing societies do not look after the interests of the profession in this matter, the dispensing physicians will be compelled to form a national society with branches that will do so. The formation of such an organization is now being discust, but we hope it will not be necessary. We hope to hear that all medical societies are doing their best to further the passage of the national antinarcotic bill as it passed the House of Representativs, for the amendments added in the United States Senate are exceedingly harmful to the practise of medicin. We ask our readers to bring this matter before all the medical societies of which they are members. Probably as good a way of doing so is to read to the societies our editorials on the subject. You could combine them all into one article or paper that would in all probability cover the subject very carefully. You could, however, supplement it with anything you wish to add.

Nearly all pain felt in the eyes, from any cause whatever, may be relieved by the application of hot water compresses frequently renewed. It is essential that they be frequently changed, and never be allowed to remain in position long enuf to act as poultices.

Narcotic Bills in Legislatures.

There were introduced into the legislatures of Rhode Island and New Jersey bills requiring physicians to give patients certificates stating names of drugs and quantities with all remedies dispenst containing narcotics and to keep a record of the same. The physicians of both states stopt the enactment of the bill in their legislatures and the legislatures have adjourned.

In Rhode Island, H. B. 285, introduced by Mr. Zurlinden, would permit a physician to dispense narcotics only after a *personal examination* of the patient in each treatment, to give to the patient a certificate indicating the amount of the narcotic dispenst, and to record it.

In New Jersey, S. B. 334, introduced by Mr. McGinnis and referred to the Committee on Public Health, provided that no person shall sell, give, furnish, deliver or supply to any person, opium, its salts, alkaloids, preparations, derivativs or any compound containing coca; erythroxylon coca or coca leaves; cocain, its salts, alkaloids, preparations, or derivativs or any compound containing cocain (excepting therefrom apomorphin, emplastrum opii, pulvis ipecacuanhæ et opii, tincturæ ipecacuanhæ et opii, mistura glycyrrhizæ compositus and trochiscus morphinæ et ipecacuanhæ) except upon the written prescription or order hereinafter provided.

Any person selling or furnishing any of these drugs upon an official prescription must give to the person receiving such drugs a certificate indicating:

1. Name and address of the seller or person furnishing the same.
2. Name and address of the physician.
3. The date.
4. Amount and identity of the drug.

Sales at wholesale to physicians, dentists, veterinarians or pharmacists must be upon official order forms.

Physicians, dentists, veterinarians and pharmacists *must keep a record in a proper book of all dispensing* or sales of these preparations, indicating the name and address of the patient and the quantity dispenst or sold.

If these preparations are dispenst or prescribed daily for three weeks or in quantities sufficient to last for three weeks, the physician, before further dispensing or prescribing, must consult with another physician and obtain the latter's consent for such further use and make a written report

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to the local board of health or county physician, setting forth the name, age, sex, color, occupation, place, employment and address of the person treated.

Hypodermic needles or syringes may be purchast only on written order duly made.

No exception was contained in this bill relating to *bona fide* dispensing by physicians; therefore, a physician before each dispensing must make out an official prescription, and also give to the patient, with the *medicins*, the certificate described above.

These bills show what the doctors of those states would have had to contend with if they became laws. Similar bills are likely to be presented to the next legislatures in those and all the other states next winter. The medical profession now knows what to expect. If the doctors in any state do not want themselves in a deal of routine clerical work writing up all these prescriptions, certificates and book records, they will need to get very busy in writing and recording an *emphatic protest* against the iniquitous measure to the legislators and governor just as soon as they learn of the introduction of any such bill. Let us hope that before another meeting of the legislatures the State Medical Societies will have an activ attorney at each state capitol looking after the interests of the practising physician. And when you secure an attorney, let him know what you want and what you are opposed to.

In case you find it necessary to write prescriptions for these drugs do not fail to tell each patient that but for the bills put thru the legislature by druggists interfering with dispensing by physicians, you would be permitted to dispense the remedy and thus save him the amount the druggist will charge him for the prescription you are handing to him.

You can anticipate that contingency by telling your patients now, every time you hand them medicin, that the druggists are endeavoring to pass bills thru Congress and the state legislatures to prevent physicians from dispensing drugs, and point out the great additional cost to each patient for medicins if those bills were to be enacted.

Most of your patients will hardly believe it possible for a group of druggists to bring such a thing to pass, but you can explain to them just how near they are getting to it. Our editorials for the past year will give you many details and arguments, such as the bill in Nevada, discust on page 481 of the December, 1913, WORLD.

BUSINESS TALK TO DOCTORS

In June, nature gets down to business; and every precious hour of sunshine places an incredible amount of wealth to its credit in the form of growing crops of all kinds. And the shadow hours between sunset and sunrise also give a good account of themselves if the night temperature is not too low.

For the doctor, June is not usually as busy as it used to be, because the masses of the people live better and more sensibly than they used to, and sanitation is better than it used to be, so that, as a rule, the general health is better in June than it was, say, 25 or 40 years ago. Will some of the older brethren kindly tell me if their observations bear out this statement? I have in mind particularly the rural districts, but the same is just as true, I think, in towns and cities. The summer bowel troubles are not as prevalent as formerly, and they come later in the season than formerly. Am I right?

If the above is true, it means that June is a better month than formerly for the doctor to give attention to his chronic cases—more time for study along that line, and for installing apparatus and using it. Also it gives a chance to make up any deficiencies that he may have been guilty of concerning the business side. There may be some accounts that have not been closed up. Change them into promissory notes if you can't get the cash. People are usually cheerful during the bright and hopeful month of June, tho usually quite busy—but not too busy to sign a note if you have it ready all but their signature and put it right before them. If you haven't a book of blank promissory notes in your office, go right out to your stationer's and get one. Better get the "judgment" kind.

Tell your patrons that you *must* get your books straight by settlement either by cash *or note*. But I hope that they will not think, as one of Dickens' characters did, that when the note was signed the debt was paid. Of course, the note is payable when due. But if you adopt the plan I have frequently suggested, deposit all notes with your banker for collection (most banks will collect for a good customer), you are not likely to hear of the note again except by the welcome figures in your bankbook de-

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noting that your deposit has been increast that much.

* * *

And when your bank deposit is in good condition, which it should be in June, what then? Automobile? Maybe. But think many times before you "leap." If you are a beginner in the auto line, the consensus of opinion is that a Ford is a good machine to begin with. And many find it so practical that they never want to change.

Be sure to stock up well in all the lines of your needs before you think of investing. And concerning your investments, seek the confidence of your banker and other local men who have proven their financial sagacity.

* * *

Dr. L. C. Oyster, of Lumberport, W. Va., writes about the Jantha Plantation Company, of Mexico, inclosing a newspaper clipping. Of course, all such investments are extrahazardous, even in times of peace, and many times more so during war times. At no time are they a fit class of investments for the hard-earned savings of doctors.

NORWICH, KAN., May 3, 1914.

EDITOR MEDICAL WORLD:—I am inclosing a letter from Dr. Geo. F. Hall which is self-explanatory. I replied to him by asking him if he thought I was an E. Z. Mark. I told him that I was a reader of THE MEDICAL WORLD, publisht at Philadelphia by Dr. Taylor, and that he said for no man to buy land without first seeing it. I want to thank you for THE WORLD. May its shadow never grow less. Let the good work go on. R. G. KOGER.

The letter urges the doctor to send him $112.50 for a "beautiful 2½-acre corner farm" in Florida. See March WORLD, pages 98 and 99, for details concerning Hall's scheme.

* * *

Here is an echo from the *Circle* and the *Success Magazine* failures. Eugene Thwing is offering suburban lots to the victims of those failures. He wants $100 down and $75 per month for twelve months; but he will take $50 and $50 per month. Both he and Hall are not modest in the amounts they ask doctors to send for "land unseen." An Illinois brother sends me the Thwing letter. What does an Illinois doctor want with a lot said to be "suburban" to New York? tho the distance is not given. And why should a Kansas doctor want fruit land in Florida, 40 miles from a railroad? As long as men in tall office buildings in Chicago and New York are able to write letters to people in all parts of the country that will induce them to pay good money for such land, I suppose they will continue to print and send out the letters. The possession of distant land is usually a trouble and expense. Why pay good money to get into such trouble and expense? And such prices, for such land as above offered! I hope it can never be said that any WORLD reader is "17 different kinds of a fool."

* * *

The following letter tells its story so well that I print it in full:

MARYSVILLE, WASH., April 13, 1914.

DEAR DR. TAYLOR:—The advice and counsel we receive thru your pages, not only as regards getting our money when we have earned it, but taking care of it after we have gotten it, is timely and good; and my Easter greetings to you express the hope that for many years to come you will continue to keep hammering the same truths and the same sound business advice into the hearts of your readers.

I am inclosing a letter that I recently received, which contains the old bait by which they endeavor to sell insurance to doctors by a little flattery and by imbuing them with the idea that the position will redound to their financial advantage.

Note that I "have been recommended" for the position of Division Medical Director. Undoubtedly thru my superior attainments! However, since the letter was addrest to me at a town in which I have not resided for several years, I am forced to the sad conclusion that the recommendation came from the pages of an obsolete medical directory.

It is a poor indorsement for the intelligence of the medical profession that such letters are written. Doctors evidently do "fall" for them, else they would not continue to employ such methods. Possibly, had it not been for the past guidance of THE MEDICAL WORLD, I might be in the same class, and with ambitious mind, my thoughts intent on the position of Division Medical Director, and its resulting affluence, made one more customer on their ledger, and one more illustration of the truth that you can often accomplish with a little *saponis mollis* what you cannot by straightforward solicitation.

Sincerely and fraternally yours,
J. D. THOMPSON.

The "bait" came from Chicago.

The flood of new insurance companies, started in various parts of the country, continues. Many of them aim directly at the doctor as a mark. They can't all succeed. Many of the new ones have failed already. And the old companies are not "resting on their oars." They are as energetic as ever, making the progress of the new companies difficult. Don't put your money into them.

The following letter is worth reading also. The writer is health officer of his county, and I hope he is successful in doing the things he describes.

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SCOTTSVILLE, KY., April 8, 1914.

DR. C. F. TAYLOR; DEAR DOCTOR:—Find inclosed check for three dollars, for four years' subscription to your valuable journal. I have been a reader of THE WORLD for many years. Each copy brings some suggestion that can be applied in practise. And your business suggestions are worth more than the price of the journal.

I join you in saying to all doctors: Collect your fees at your first opportunity. The bills depreciate in value each month they are on your books. Most all bills two or three years old cause trouble and often turn your patrons to some other physician.

And the subject of investments should have our careful consideration. To the physicians in the rural districts, land is about the best place to put the hard-earned money. That old, neglected farm that has been under mortgage several years, can probably be bought for much less than the real value. Then the careful expenditure of money for improvements will make it desirable property in a few years, and some one will pay you a profit. And, as the years go by and more money accumulates, a good, well-improved farm would make an old doctor feel independent when no longer able to breast the stormy nights and rainy days.

But if we neglect our collections, these opportunities for investment must pass without being able to take advantage of them. And when age, with its usual disabilities, comes, it brings nothing but sadness. Former friends will censure for having proven a financial failure.

J. E. PACE, M.D.

Class 1889, Hospital College of Medicin, Louisville, Ky.

* * *

A brokerage firm in St. Paul, Minn., in a circular letter recommending City of St. Paul bonds as a desirable investment for physicians, says:

No man can do justice to more than one profession, and success in medicin has generally been followed by failure in investment. *It is a well-known fact that the doctors of Minnesota own a large amount of paper of the "gold brick" type.* A reason is not difficult to discover—the professional man has neither the leisure nor training for successful endeavor in other lines.

A doctor's investment should be one offering security of principal and regularity of income above all else, one of the savings-bank class and requiring no attention on his part.

Dr. H. D. McGill, of Yuma, Tenn., sends a circular letter from the International Trust Company, of San Antonio, Texas, and asks concerning it. This company is in process of organization. The men behind it may be all right. But if WORLD subscribers want to invest in trust company or bank stock, I earnestly suggest that they invest in the stock of *local* financial institutions. Local companies of this kind have, as a rule, succeeded better than those which try to do a nation-wide business. I have often said in these Talks that local bank stock is usually a good investment; but I place emphasis on the word *local*.

Exaggerated Profits.

The masses of the people think doctors are rich. We know that this is not true. Most people think that doctors make their money very easily. We know that this, also, is not true. Sometimes promoters lead physicians to believe that drug concerns make immense profits very easily; that the risk is small, and that profits are certain. Hence mutual companies are formed, consisting chiefly of physicians, to keep these profits in the medical profession. Here the doctor proves himself again to be a poor business man. He does not realize what hard work and skilful and careful management are necessary to secure success in this line as well as in every other line. As usual, the doctor loses, and the promoters who use the doctors usually come out all right, and are ready to float another scheme. In this connection I am permitted to present the following editorial which will appear in the June issue of the *Physicians' Drug News:*

Physicians' Drug Companies.

Co-operation is the order of the day. Co-operativ drug companies are springing up here and there. They are usually most activ during organization. So far as we have been able to ascertain, not one has been a success.

Mutual drug companies are organized by promoters who make their money thru the organization. It is another way of separating the doctor from his money.

The manufacturing of pharmaceutic preparations is a business that requires more than ordinary ability to succeed, and even then success is years in coming.

It is easy to figure profits. Col. Sellers did that to perfection; but the fact remains that the failures are by far greater than the successes.

The organizers of some mutual companies may be sincere. They may believe that they can succeed and that they actually will return profits to the physicians. They simply do not know what they are up against. Without large experience in the manufacturing field, they do not discover until too late that the profits have flown, and a deficit instead of a dividend is disclosed.

Our advice to physicians who are urged to buy stocks in a mutual supply company is to turn them down coldly. We do not think one has ever succeeded and they probably never will succeed, certainly not until organized by one perfectly familiar both with the practical and financial branches of the business and who does not organize it principally as a medium to sell stock to doctors. Such men are already fixtures in establisht houses and they would not care to give up a certainty for an uncertainty.

Profits in the pharmaceutic field are not as great as one is led to believe. Failures are greatly in excess of successes. With the exception of some manufacturers of successful proprietary preparations, there are very few houses that have made great successes.

We have been credibly informed that the suc-

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cessful pharmaceutic houses do not make a net profit on sales of over 10%. This is, indeed, little enuf when we consider the unusually extensiv training, both scientific and financial, and the extrahazardous nature of the business. No wonder there are so many failures in the drug field. No wonder that "mutual" physicians' supply companies are doomed to failure.

THE MEDICAL MONTH.

Kansas City, Mo., is waging war against the drugstore saloon.

Philadelphia's famous General Hospital, with 3,000 beds, known to generations of medical students as "Blockley," is to be modernized at a cost of $5,000,000.

At its meeting in Philadelphia, December 31, 1913, the Federation of American Societies for Experimental Biology adopted the following resolutions:

1. We, the members of the Federation of American Societies for Experimental Biology—comprising the American Physiological Society, the American Society of Biological Chemists, the American Society for Pharmacology and Experimental Therapeutics, and the American Society for Experimental Pathology—in convention assembled, hereby express our accord with the declaration of the recent International Medical Congress and other authoritativ medical organizations, in favor of the scientific method designated properly animal experimentation, but sometimes vivisection.

2. We point to the remarkable and innumerable achievements by means of animal experimentation in the past in advancing the knowledge of biologic laws and devising methods of procedure for the cure of disease and for the prevention of suffering in human beings and lower animals. We emphasize the necessity of animal experimentation in continuing similar beneficent work in the future.

3. We are firmly opposed to cruelty to animals. We heartily support all humane efforts to prevent the wanton infliction of pain. The vast majority of experiments on animals need not be and, in fact, are not accompanied by any pain whatsoever. Under the regulations already in force, which reduce discomfort to the least possible amount and which require the decision of doubtful cases by the responsible laboratory director, the performance of those rare experiments which involve pain is, we believe, justifiable.

4. We regret the widespread lack of information regarding the aims, the achievements and the procedures of animal experimentation. We deplore the persistent misrepresentation of these aims, achievements and procedures by those who are opposed to this scientific method. We protest against the frequent denunciations of self-sacrificing, high-minded men of science who are devoting their lives to the welfare of mankind in efforts to solve the complicated problems of living beings and their diseases.

Details of a discovery of the greatest importance, dealing with the causal agent of scarlet fever, were submitted by Dr. Newell S. Ferry, of Detroit, to the Society of American Bacteriologists in session at Montreal, January 3d. Dr. Ferry said he had found a germ, which he believed to be the cause of the disease. He said that in the Contagious Diseases Hospital at Detroit, he had immunized employees, and for three years no case of the disease among those so treated developt. The immunizing was then discontinued for three months and several nurses contracted scarlet fever.

The Board of Supervisors of Westchester County, N. Y., will purchase 225 acres of land at North Castle for $33,500 as a site for a county tuberculosis hospital. The new buildings as planned will cost $200,000. This makes twenty counties in this state which have erected or planned to erect similar hospitals.

That pellagra infection probably results from bad sewerage, was a theory advanced in the report of the Thompson-McFadden Pellagra Commission, read at Atlanta, Ga., before the American Association for the Advancement of Science. The report said no definit relation had been observed between the occurrences of pellagra and the use of any particular food. In districts completely equipt with water carriage systems of sewage disposal, it was stated, very few cases of pellagra had been found.

The American Medical Association begins its next annual sessions in Atlantic City, N. J., June 22d.

There are 15 springs in Colorado which are radio-activ, according to an announcement at Denver by Prof. Russell D. George, State Geologist and professor of geology at the University of Colorado. He thinks the radium field here is better than in Europe. His department has made tests of 209 springs in the state. Because of laws regulating Professor George's department, he was unable to give any details as to his investigations on the springs which are valuable in the treatment of many diseases. The information must first be issued in bulletin form.

Philadelphia shows a decided increase in its number of marriages since the new eugenics law went into force.

A newly discovered treatment of "washing" the kidneys with an alkalin solution is said by Dr. A. T. Charlton, of the County Hospital at Los Angeles, to be a positiv arrest of Bright's disease in any stage. He cited 20 cases in which he applied the same methods as proof of his statement. He is now engaged in making a detailed report of his discovery to the American Medical Association. This press dispatch in the Philadelphia *Ledger* is here given without comment.

A Roman Catholic medical society has been started in Montreal.

Georgia's Surgeons' Club were the guests of the New Orleans profession February 27th and 28th, being lavishly entertained.

The surgical staff of the Middlesex Hospital, London, England, after a review of two years' treatment of cancer with radium, announces that the results were not such as to justify the statement that radium is a cure for the scourge. THE WORLD quotes the following statistics of the institution, taken from the *British Medical Journal* of January 17th: "During the year 1912, 319 patients were under treatment in the 90 beds of the special cancer wards of the Middlesex Hospital. Of these 167 patients died, 67 patients were discharged at their own request and 85 patients remained in the hospital at the end of the year. During the year 1913, 361 patients were under treatment. One hundred and ninety-three patients died, 75 were discharged at their own request and 88 remained at the end of the year." The members of the surgical staff attested in a communication that radium was not a cure.

The fine new $2,000,000 group of buildings for Montefiore Home, New York, supposed to be the last word in treatment of chronic diseases, was dedicated November 30th.

Dr. Creighton Wellman, in the *American Journal of Tropical Diseases and Preventiv Medicin* for December last, says that it is not generally known that extensiv use is made of our

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knowledge of tropical diseases by the medical missions in various parts of the world. He says also that these missions accomplish some of the best research in these diseases, in addition to teaching and applying scientific medicin among people who would otherwise be debarred from its benefits. In China it is said that there are over five hundred men and women engaged in the conduct of hospitals and dispensaries. The China Medical Mission Association meets triennially for the exchange of opinions and to make announcements of the results of research, and a bimonthly medical journal has been publisht for many years for the exchange of ideas in this field. A research committee has been formed and a large amount of valuable work has been done in the investigation of nematodes, trematodes, cestodes and the bacterial affections common to that part of the world, plague, cholera, typhus and other affections. Wellman says that more physicians and nurses are needed, and that to young men with the missionary spirit no more attractiv field of endeavor could be found than that of China, Africa or India.—*Jr. A. M. A., Jan. 17, 1914.*

Saratoga Springs has just had the services of a noted Baden-Baden specialist, looking to development of New York State's 250 acres there as the first systematically planned American spa.

Professor Bosc, of Montpellier, France, declared December 10th he had discovered the microbe of cancer in germs of the protozoa type that abound in the neighborhood of stagnant water. They are spread by many insects, fish and warm-blooded animals. Parasitic cancer germs, he says, excite organic cells and gradually penetrate to the different organs of the body. The disease is especially prevalent in villages where snails are eaten. While the professor claims to have discovered the origin of cancer, he has not yet carried out certain experiments in inoculation which would fully establish the truth of his assertions. He has spent 20 years in studying cancer.

The third annual convention of the American Association of Progressiv Medicin will be held at St. Louis, Mo., September 8, 9, 10, 11, 1914.

Any young physician or undergraduate contemplating entering the United States Public Health Service should write to that Service at Washington, D. C., for a copy of Miscellaneous Publication No. 13, entitled "The United States Public Health Service as a Career," by W. C. Rucker, M.S., M.D., Asst. Surgeon-General. This pamphlet gives all the information required, including a long list of the entrance examination questions. The beginner's salary is $2,000 per annum. This is an excellent field for bright, intelligent, well-educated young physicians.

As the result of blood poisoning occasioned by the prick of a needle he was using in a charity operation at St. Luke's Hospital on Thanksgiving Day, Dr. William C. Bartrum, assistant surgeon at the hospital, died at Newburgh, N. Y., December 17th. He was 34 years old.

Antityphoid vaccination of the 1,600 inmates of the insane hospital, commenced more than a year ago, virtually was completed at Fergus Falls, Minn. There have been approximately 5,000 inoculations, and no harmful results have followed in any instance. The results are shown by the records last year. In past years the average number of cases has varied from 12 to 50, while last year there have been only 4 cases, all of patients who had not been vaccinated.

Dr. R. E. Parks is dead and three other persons are ill with scarlet fever, as a result of the physician's experiment with fever germs in the laboratory of Huron Road Hospital, Cleveland, Ohio, December 13th. Dr. Parks, a senior student at Western Reserve Medical College, having removed several cultures from the throat of a nurse, contracted the disease and so did Dr. Maurice Allen, another of the hospital staff, and George Krakeavski, an orderly.

The first National Conference on Race Betterment, held at Battle Creek, Mich., January 8th to 12th, was a markt success. Notable leaders in social work are activ in this movement.

November 9th the centenary of the discovery of iodin was celebrated. It was in November, 1813, that Bernard Courtois, who was born February 15, 1777, at Dijon, France, read before the Académie des Sciences a note entitled, "Discovery of a New Substance in Sea-Wrack." Many scientific and medical men of prominence went to Dijon to take part in the celebration. A commemorativ tablet was placed on the house in which Courtois was born. Afterward a session was held in the hall of the Académie de Dijon, when Camille Matignon, professor of inorganic chemistry at the College of France, read an interesting paper on the discovery of iodin.

Sir James Crichton Browne, speaking in London at the annual meeting of the National League for Physical Education and Improvement, urged the importance of grappling with the "greatest catastrophe that could befall the world—the decadence and deterioration of the British race." He declared that in the large public schools of that country to-day it would be impossible to find ten absolutely sound children.

Nebraska has proposed what seems to be a rational solution of the problem of supplying medical schools the world over with ample anatomic material. There will be a State Morgue to which will go all bodies unclaimed by relativs within its borders. After a definit period these may then be distributed to medical schools within that commonwealth.

Dr. Dubard, of Dijon, France, has, it appears, invented an antiseptic varnish, which is to supersede the use of operating gloves by surgeons. The operator, after washing his hands with soap and then in alcohol, steeps them in a mixture composed of essence of juniper berries and an alcoholized solution of menthol. The evaporation of this mixture, which takes place rapidly, leaves a sort of protecting and antiseptic varnish behind. Unlike the operating glove, the varnish in no way affects the surgeon's delicacy of touch.

Great Britain has just named a commission for study of venereal diseases.

The important discovery by Dr. Alexis Carrell, of Rockefeller Institute, that *alpha* rays of radium (contrary to the old view of their supposed harmful local action) are of great value in treatment of cancer, was announced by Dr. Robert Abbe at the meeting in New York, February 17th, of the Radium Institute of America.

The Wisconsin eugenics law, which provides for the issuance of marriage licenses only upon a certificate of a clean bill of health, including a certain specified test from a physician, has been

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declared unconstitutional by a judge of the Circuit Court at Milwaukee. The decision declared that the law was of unreasonable statutory limitation so far as the physician's fee was concerned, and that it was an unreasonable and material impairment of the right of persons to enter into matrimony. The case will go to the Supreme Court.—*Christian Advocate.*

Before the Wisconsin eugenics law was declared unconstitutional a county official in that state, observing that the number of marriage licenses had been reduced to almost nothing, announced that he would ignore the requirements of the discouraging legislativ act and record common-law marriage contracts for ten cents each, claiming that this would be sufficient to secure recognition of the validity of the marriage in the courts. Thus the doctor's fee for examination, the minister's honorarium for performing the ceremony, and other complications would be avoided.—*Christian Advocate.*

Painting the palates of inveterate cigarette users is the latest device for curing a habit responsible for much deterioration of character among young men. This novel method was recently employed by a city official of Hoboken, N. J. A preparation of nitrate of silver, administered by a physician, was applied to the palates of a group of boys and young men who presented themselves for treatment. This was supplemented by a prescription providing a wash of the same liquid to be made use of after meals or when the desire for a smoke became insistent. The result expected is a nauseating revulsion against tobacco. In this case, as in many others, an ounce of prevention is worth a pound of cure.

Prof. Charles Richet, the distinguisht scientist to whom was awarded the Nobel prize for medicin this year, announces that tuberculosis can be cured with raw meat juice. "The treatment is difficult to follow," he said, "but I have proved its effectivness. Every day the patient must go to a slaughter house, obtain ten pounds of fresh meat, then extract the revivifying juice from it. This is a long and tedious task. Ten pounds of meat yield about half a pint of juice, which should be conserved on ice. My patients who were suffering from tuberculosis of the lungs were cured by this treatment, altho it had to be followed faithfully for three years."

Orders have been issued by Colonel Goethals, promulgating the executiv order of the President for the administration of the maritime quarantine regulations, to go into effect with the opening of the Panama Canal. These regulations apply to the entire Canal Zone. The bill of health that must be filled out and certified to by the masters of all vessels entering the canal requires not only a complete description of the vessel, but a certificate as to the source of its food and water supplies, the sanitary history of the officers and crew and of the passengers, the sanitary history of the cargo and effects of those on board, the sanitary condition of the ship and a certification that none on board is ill of or has been exposed within two weeks to yellow fever, cholera, cholerine, smallpox, typhus fever, plague or leprosy.

Dr. John Green, an oculist of international fame, died at St. Louis, Mo., December 7th, at the age of 79 years. During the Civil War he was surgeon in the army of Tennessee and of Maryland.

The American Red Cross is formulating plans to enlarge its work of sanitation and health education in the rural districts. This is to be done in connection with the establishment of numerous stations thruout the country to be under several general district headquarters. Nurses and health instructors will be stationed at each of the centers. It expects to use the $100,000 fund given by Jacob Schiff as a nucleus for this branch of the work, and it already has 16 nurses at work.

The erection of a monument in Lincoln Park to the late Dr. Nicholas Senn, to cost $25,000, is the proposal of Chicago's physicians.

Repeating an item in the March WORLD, Dr. Hügel, of Bad Munster, Germany, says he had successful results in the treatment of deafness in 50% of 70 or 80 cases handled by the radium and mesothorium method. Utter divergence of opinion seems to prevail in medical Europe in regard to the value of radium for deafness and other ear troubles. The French specialists are entirely skeptic. They aver that the treatment is not only useless but may be actually prejudicial.

According to the *Canal Record*, it has been determined that a number of cases of typhoid fever under treatment in the hospital at Ancon and in Panama were due to nativ oysters sold in Panama. Examination of the oysters in the laboratory of the Ancon Hospital showed them to be contaminated with sewage. The health officer of Panama has issued a warning against the eating of these nativ oysters. The captain of the port of Panama has prohibited the placing of oysters in certain portions of the bay liable to contamination by sewage.

Dr. Alexis Carrel, of the Rockefeller Institute of Medical Research, in an address before the Rush Society and students of the University of Pennsylvania Medical School in Philadelphia, April 1st, described experiments in which he has taken connectiv tissues from the bodies of animals and kept them living for nearly four years. Such tissues, he declared, can be kept alive for an indefinit time, outside the organism, under the influence of mechanical and chemical stimuli.

Plans for St. Louis' $700,000 infectious disease hospital have been accepted and work on two of the buildings was to begin about May 1st. These two buildings will be completed early in the winter. The entire group will be composed of eight buildings.

The first of the 100,000 soldiers of the regular army and militia inoculated against typhoid fever to die was Clarence Panza, of the hospital corps of the Thirteenth Coast Artillery district. Panza was inoculated for the third time five weeks ago, and died at his home in Woodhaven, L. I., on March 30th, but an autopsy proved that the use of the serum in no way influenced the chronic disease that had previously invalided him.

An "Annual Summary of Observations Made at the Meteorological Station, Davos, 1913," just received at this office, would serve as a model to advertise similar American mountain health resorts. How admirably painstaking our European *confrères* certainly are!

Professor Czerny, of Heidelberg, publishes in the *Deutsche Revue* a summary of results observed by him in 4,000 cases of cancer treated with radium since 1906. He concludes that cures undoubtedly have been effected with radium and mesothorium,

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tho permanent in only a portion of the cases, and favors the government's acquiring large supplies of radioactiv substances for invalids entitled to the benefits of the State insurance system. He declares radium and mesothorium are invaluable auxiliaries in the treatment of malignant growths and that in cases where surgery cannot be employed they are indispensable. He thinks it premature to substitute radium for operations. He favors the removal of cancers by the knife and then the application of radium for the prevention of a recurrence of the growth.

The *Rhodesia Herald* of Jan. 24th contains an extended account of the visit of General Gorgas to Salisbury, Rhodesia, South Africa, where he made an address on his work in Cuba and Panama. His address, which was illustrated with lantern slides, is given in full in the paper and was received with great interest by the people of Salisbury. The problems of tropical diseases in this portion of South Africa are somewhat different from those in the Canal Zone, inasmuch as there is no yellow fever to contend with, but other mosquito-borne diseases. Malaria is the chief problem in the vicinity of Salisbury, and the speaker who followed General Gorgas thankt him for his address and declared that the eradication of this troublesome infection on the lines laid down by General Gorgas would certainly be taken up by the communities in South Africa. The mayor of Salisbury, in welcoming General Gorgas, referred to his work in America and extended congratulations on his promotion to be Surgeon-General of the United States Army.

Dr. Judson, president of the University of Chicago, has started on a seven months' trip around the world in the interests of the Rockefeller Foundation for Teaching Medicin in China. Most of the time will be spent in the interior of China.

The Thomas Morgan Rotch professorship in Pediatrics at Harvard Medical School is establisht by the will of Dr. Thomas Morgan Rotch.

Stammering was technically discust April 1st by Dr. Hudson Makuen, of the Polyclinic Hospital, at a meeting of the College of Physicians, of Philadelphia. Three per cent. of the cases treated by Dr. Makuen were left-handed or ambidexterous, he explained. He spoke from an experience gained from an examination of more than 2,000 stammerers in the Polyclinic Hospital. Of that number, he said, 77% were males and 23% females. The reason why the females were fewer was because of their greater co-ordination for all kinds of work. There was less aphasia among them than among males, he remarkt. Regarding the mental condition of stammerers, Dr. Makuen said that 85% were of average mentality, 14% below that state and 1% were feeble-minded.

The delegation from Gloucester, Mass., which went to Washington to interest the President, the Secretary of State, and the Secretary of the Navy in the establishment of government hospital ships for the fisheries of the North Atlantic coast have returned, having received much encouragement. It is suggested that a revenue cutter be utilized for hospital purposes, which could carry two surgeons, and that this could be done with little addition to the ordinary maintenance expenses.

The announcement of the discovery of a treatment for tuberculosis was made recently in the University of Bologna by Prof. Alessandro Bruschettini, of Genoa, before the highest authorities of the Italian medical world, among them being Prof. Augusto Murri. Prof. Bruschettini explained scientifically the principles of his discovery and gave an account of the experiments to which his serum had been subjected in Italy and abroad and of the trials which it was undergoing in Germany under the direction of Prof. Ehrlich. Professor Murri, who is not always ready to place faith in the announcements of such discoveries, praised the achievements of Prof. Bruschettini and declared that his serum deserved the best attention.

Gold medals of the Carnegie foundation, for those who have contracted mortal diseases or very serious diseases in the performance of their duties, have been awarded by the Paris Academy of Medicin to Drs. Bergonie, Bordeaux and Guilloz, Nancy, and to M. Infroit, head of the roentgenografic laboratory of the Hospital of Salpêtrière, who received, in addition, 10,000 francs.

The International Society of Surgery held its fourth annual congress April 6th to 20th in New York city, the first to be held outside of the city of Brussels since its organization in 1905. The membership of the society is limited to a certain number from each country. The membership of the United States is about 100. The congress was attended largely by well-known European surgeons, including a number of British and continental scientists. The king of Belgium sent a cablegram of greeting to the opening session; noted addresses were delivered and operations done in the hospitals of the metropolis by resident and visiting surgeons from the United States and abroad, during the fortnight of the congress, and it proved a great success.

Reports have been made of leprosy being introduced into California by Mexican refugees. There have been four cases reported in San Bernardino County, three in Los Angeles and three in San Francisco, all the infected persons being Mexicans. The State Board of Health, at a meeting held February 28th, adopted a resolution putting leprosy on the list of quarantine diseases.

Mercy Hospital, Chicago, Ill., receives $163,186, and the New York Skin and Cancer Hospital $101,750, under the will of the late Ferris S. Thompson.

Dr. Gustave Monod, Paris, commissioned by the French government to report on postgraduate teaching in America, delivered an address, March 27th, at a special meeting of the College of Physicians, of Philadelphia, on "Post-Graduate Study in Paris."

Surgeon Richard H. Creel, U. S. Public Health Service, after an extensiv sanitary survey of the Mississippi coast, made during January, states that all the waters of the Mississippi sound, tributary to Biloxi and Gulfport are polluted and that the oysters taken from beds in that section are unfit.

The National Institute of Social Sciences held a meeting at the New York Academy of Medicin on March 20th, on which occasion gold medals were awarded to Dr. Abraham Jacobi and Prof. H. F. Osborn.

Dr. Ennion G. Williams, Virginia State Health Commissioner at Richmond, said smallpox had spread to 40% of the counties of the State. While the exact number of cases is not known, there are more than 500 in the State. According to his statement, the type of the disease this year has been more virulent than for a long time, and there have been more deaths this year than for the preceding six years.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Diabetes Mellitus: Its Causes and Treatment.

EDITOR MEDICAL WORLD:—This is one of the diseases considered, as a rule, incurable. The vast majority of cases linger for months or years and then pass away in the characteristic stupor that is the premonition of certain death. As far back as medical history gives a record diabetes has had a place as one of the scourges of civilized people, and as civilization advances and luxuries of diet become easier of attainment to all classes the disease becomes more frequent. It is met in all classes, but is essentially a disease of those of easy circumstances who are good livers. It is very frequent in heavy beer drinkers, in obese persons, those of sedentary habits, and omnivorous gormands of all classes. Both sexes are subjects of its invasions, but men more often than women.

Increasing Frequency of Diabetes.

I saw a recent statement that diabetes was said to be far more frequent that the white plague.* The question was askt by the doctor making the statement why it was that there was so little literature on the subject of the more frequent disease and so much on the less frequent. I hesitated at his statement of comparativ frequency, but in casting around to enumerate those of whom I had knowledge that were afflicted with one or the other of the two I was astonisht to recall four or more cases of diabetes to one of consumption. In retrospection of an activ practise of over forty years I saw that in the earlier years of practise I came in contact with a far greater number of cases of consumption than of diabetes. My residence has not been changed, neither has the climate, yet the two diseases have reverst in frequency. There is a cause for transposition in frequency, but what is it?

Old Theories.

I ransackt all the medical literature I could find, including the lore sent out by dispensers of proprietary medicins that never failed to introduce some plausible elucidation of a cure based on equally as plausible a theory of the pathology. The sure-cure remedy was, of course, known only to the author, from whom alone it must be obtained.

Textbooks contain theories of etiology, with invariable gloomy prognosis. Early writers found the seat of trouble in the liver, and that organ was taxt to the limit of its capacity with drugs supposed to exercise a direct influence on the liver. As a rule, diabetics are very constipated and when activ purgativs were used temporary relief of the diabetic symptoms followed, and the credit for relief was wrongfully given to the forced activity of the liver. The relief was only transitory, if at all. Next the nervous system had its advocates. Some ill condition of the medulla oblongata conspired in an unknown way to convert certain articles of diet into sugar. One organ after another came in for censure. The latest pathologists have located the disease in the islands of Langerhans. Following the clue given by pathology, the chemist and therapeutist have joined forces with the physiologist to invade the strong precincts of the great foe to human life where it is garrisoned in the pancreas or spleen, liver or nervous system. The different theories are entertaining reading, but the result of treatment based on any of the theories has proved futil. The few cases that have recovered have evidently been the result of accident instead of scientific treatment.

Leaving the Beaten Track.

When the almost universal termination of the disease is death, when the treatment is based on the theories of authors, the physician is justified in departing from the advice given and act on his own theory. I have had my share of diabetic cases to treat. With the knowledge that he is possest of a chronic malady that is a sure sentence of death, the afflicted soon becomes a pilgrim of pity ever ready to change advisers if a ray of hope is offered for postponement of the fatal day. The list of deaths that were charged up to me

*See MEDICAL WORLD, June, 1913, page 247.—ED.

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balanced exactly with the number of cases that stayed by my treatment as long as I followed the advice of our accepted teachers.

Without going into further detail, I will say I regard all former theories and treatment mistakes. I do not believe the disease is organic or incurable. It is functional, and in almost every instance is quickly curable where the patient is manageable. The trouble need not be with the disease, but is decidedly so with the patient.

Diabetes an Auto-Intoxication.

Diabetes mellitus is a functional indigestion; a dyspepsia, having symptoms peculiar to itself, and unlike the manifestations of any other form of indigestion. It is an auto-intoxication, usually of long duration, terminating in death of the patient when the etiology is not recognized and the treatment not applied according to the simple rules of natural law.

The sugar that forms in the system is the result of fermentation of the ingesta at body heat, like the fermentation of yeast at a certain temperature. A small amount of yeast will cause a large pan of dough to sour and become a mass of vegetable ferment. Remove the dough, except a very small portion left sticking to the side of the vessel. Then refill the vessel with flour and water and return them to the required temperature and again you have a bubbling mass of ferment. This will result as long and as often as you use the pan without thoro cleansing. The least particle of ferment left will permeate the whole.

An identical condition obtains in diabetes. It is a ferment with specific bacilli that rapidly and certainly increase in proportion to the amount of provender given for propagation. It is not so much a disease of quality as of quantity. It is a functional, but fatal, disease of gluttony. The diabetic is, or has been, a gormand. The inordinate demand of the system for water is a result of the combustion during the manufacture of sugar, thru fermentation drying up and burning out, by disintegration, that calls for water to quench the fire. The large quantity of water soon heats and sours and adds fuel to the flame and the disease progresses.

Now, since the disease has become so common, we are confronting it on all sides, and under all former methods of treatment the physician is humiliated with a knowledge of his inability to cure, let us bid farewell to the "broad road that leads to death and many enter there" and seek the simple, "narrow path that leads to life."

Objects to be Attained.

What is the cure? Remove the cause and the cure is made. The cause is fermentation. The cause of fermentation is overeating. The cure for fermentation is: quit eating and fermentation will cease. Remove every particle of ferment from the alimentary canal that might become a *nidus* for future culture of bacteria and the cure is complete, but may return at any time if indulgence in original cause is permitted. Experience by experimentation justifies me in offering the following suggestions for cure:

Treatment.

Before beginning the treatment examin the urin and estimate the sugar contained so that you cannot be misled by the result of treatment. Prescribe an activ purgativ, sulfate of magnesia in as hot water as can be taken, or any other purgativ that is activ and produces liquid evacuations. Let the dose be sufficient to cause several stools. At the same time have the patient positivly refrain from any food whatever, but allowing water as desired. This system of *starvation and purgation* must be kept up rigidly for three or four days, after which food is allowed gradually, but at no time overload the stomach. Refrain from anything that will ferment in the stomach until some time after the cure is complete. In the interval use catharsis sufficient to prevent any tendency to constipation. Repeat this treatment every three or four weeks for several months to prevent return of the disease. Fermentation is prone to return where the digestion has been abused by overindulgence, but due abstinence will cure the defect. The object in repeated purgation is to remove possible retained fecal accumulation in the folds of the intestins. An occasional enema may hasten recovery by assistance in unloading the lower bowel. If used it should be copious amounts of warm water for ablution only.

In the stomach and small intestins digestion takes place, while the colon is for storage purposes of waste material till by crowding from excess above it is driven out by pressure by peristalsis. If it is not removed regularly it acts as an obstruction to the exit of ingesta that have served their purpose and seek removal. The failure in removal starts putrefaction different from

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the provisions of nature, and the materials that contain the chemical elements that will produce sugar by fermentation are set in motion and the result is elimination of sugar by the kidneys when the excess is turned loose in the system.

After the first 24 to 48 hours of rigid treatment examin the urin and you will almost certainly find the specific gravity, which has been high, reduced to normal, if not below. If the sugar is not gone, it will soon pass to not more than a trace. As a rule, by the expiration of the few days of purgation and starvation all sugar will be absent. After resuming diet examin urin often, and if a trace of sugar reappears prescribe a morning meal of eggs and coffee or tea, with subsequent meals for the day of light diet void of sugar-containing articles. Practise leaving the table at each meal before being fully satisfied. Leave off all pastries for a time and examin the effect and note the pleasing result.

Both starvation and purgation must go together. One without the other is worse than useless. After all signs of trouble are removed one meal of anything in excess, or rich in sugar, may reproduce diabetes, while guarded diet and regular cleansing of the alimentary tract will as surely restore normal digestion and consequent health as if you were treating the simplest affliction. I speak with confidence from experience with cases in numbers sufficient to confirm what I write. I also understand that the physician will be disappointed frequently thru the delinquency of his patient, who will persist in yielding to a capricious appetite.

Treatment Must Be Thoro.

A drunkard, who becomes alarmed after a spree, will generally follow the doctor's direction and sober up, to cheat death out of its prize. If he will let whisky alone he becomes a sober man, but too often the appetite overpowers judgment and he returns to the wallow and eventually to the grave. Just so with the diabetic who is freed from his malady in a few days. With but little inconvenience he can remain well, but with lack of stability he is doomed. In both instances health and happiness are balanced against sickness and misery, with very little firmness required to tip the scale.

Let me repeat: The doctor will not fail if his edict is followed. The patient is very liable to fail till he is convinced that his life is in the balance against his appetite and he alone is to be the umpire of the contest. If you can control your patient, you can cure him; if you cannot control him, you can, and will, bury him.

I would be pleased to cite cases that have been freed from sugar in from one week to twice that time, and remained cured, but I realize that I am consuming all the space that prudence sanctions. I hope, thru THE MEDICAL WORLD, to receive answers from others who try the method herein prescribed. If I am wrong, do not hesitate to say so; if right, be as generous.

J. L. HILL, M.D.
121 East First Street, Albany, Ore.

Poisons and Antidotes.

EDITOR MEDICAL WORLD:—It does beat all, even in this enlightened day, how decidedly careless so many people are with poisonous preparations. Yes, "Johnnie gets into everything. It's impossible to keep things out of his reach." Grandpa purchast a few morphin tablets of the local druggist a day or so ago (he has been getting them there for the past five years, a few now and then for his rheumatism—this particular druggist taught him how to use them) and left them within Johnnie's reach. Of course, the youngster eats a number in spite of the bitter taste—it's strange what children will eat sometimes. A little later the excited mother calls the doctor's office, only to find that the doctor is out on a long drive. There is no other physician accessible. The office girl, more often the doctor's wife, is not able to give advice. She has not been instructed.

And now to the point. Every physician should make out a printed or typewritten List of Poisons and Antidotes. This list should be securely fixt near the phones or in some convenient place so that the doctor's wife or assistant may be able to give some definit advice. Thus a life may often be saved. In these cases people will do something before the medical man's arrival, and without advice many times what they do is worse than nothing—*e. g.*, administer oils after the ingestion of phosforus and its preparations.

To make out a practical list of poisons and antidotes will not be so easy for the physician himself as he may at first imagin.

It is nonsense, of course, to write after certain poisons: Freshly precipitated sesquioxid of iron—stomach pump,—inject solution permanganate potassium, etc. People don't

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have such things, nor could one in a thousand use them to advantage if they had.

Make the list as simple as possible, and write down as many simple (I do not mean by simple, inefficacious) antidotes as possible. Additional notes as indicated should be appended, such as: cold to head, enema, external heat, recumbent posture, loosen clothing, etc.

In various localities different poisonous preparations prevail. The physician should as far as possible familiarize himself with the poisonous preparations used in his community, as well as with those that exist naturally.

If such a list is carefully workt out and posted it may be the means of your saving a life tomorrow, tho you have not been called upon to treat a case of poisoning for years. The preparation of such a list, doctor, will do you good, too.

I have jotted down these notes as they have occurred to me, and I would be pleased to see some additional articles in THE WORLD along this line. I presume some doctors have such an emergency list. I wonder *how many?*

Perhaps Dr. Attix would be kind enuf to give us some valuable suggestions as to procedure in preparing such a list as suggested. ARTHUR LLOYD PARKS, M.D.

Rome, Pa.

[Dr. Attix promises to make up such a list and send it to us in time for our July issue.—ED.]

Grocers and Druggists Sell Narcotics Unrestrictedly.

EDITOR MEDICAL WORLD:—I have read with great interest your article in the May WORLD, page 179, on "Narcotic Sale and Addiction," and I wish to add my testimony to what you have said about the doctors not being to blame for the indiscriminate sale of narcotics.

For the past fifteen years I have made a specialty of drug addictions, and in nearly every case I have had to treat my patients for the second and third time, due to the fact that they could procure the drug from any *corner grocery!* It has always been surprising how easily a drunkard can procure whiskey, even when he could not secure the bare necessities of life, and it is just as easy for a drug fiend to secure his "dope." But he does not get either from a medical man, but from his or her *grocer* or *druggist*. On one occasion I had to confine one of my cocain fiends in jail while I was treating him, and to my astonishment he succeeded in procuring a bottle of cocain while closely confined and watcht by the jailer.

You may take it from me, and I know what I am talking about, the authorities are "barking up the wrong tree" when they think the doctors are culpable. It is not the doctors, not the medical men, but the druggists; and all the hue and cry about doctors is raised for the purpose of diverting the authorities from the real culprits.

The druggists are not satisfied with usurping the doctors' rights by counterprescribing, and actually taking patients behind their prescription counters and feeling their pulse, looking at their tongue, etc., etc., acting as if they held physicians' diplomas and license to practise, but now they want to take away from them their time-honored right of dispensing their own remedies.

The doctors have suffered at the hands of the druggists of the country so long in silence that now they seem to think that it is useless to raise any objection to anything they may do. But, brothers, it is time for us to be up and doing, or we will be *done.*

DR. J. ALEXANDER MELDAU.

Newberry, S. C.

Treatment of Morphin Addiction.

EDITOR MEDICAL WORLD:—In reading your article in the February WORLD on the National Antinarcotic Law, I thought that perhaps a formula that can be made up by any physician to successfully treat patients they may have that are addicted to narcotics in any form might be appreciated. I know this treatment to be all right, as I have tried it with success in a number of cases. I will report but one case:

Male, 73 years old, has taken opiates for 40 years. When he came to me he was taking about one-half ounce of laudanum a day. When he could not get laudanum he would take any opiate he could get. I gave him the following nerve tonic, which I had put up by a druggist:

℞ Tr. hyoscyamus..... 4 ounces
Tr. nux vomica..... 1 ounce
Tr. gentian comp..... 6 ounces
Tr. capsicum.....2 drams
Vina porta.....q. s. 16 ounces

Sig.:—One to four teaspoonfuls every 2 to 4 hours, according to necessity.

In this particular case I took a 12-ounce bottle and filled it with the nerve tonic, and put in 6 grains of morphin; that would give him ¼ grain of morphin to each tablespoonful, as there are 24 tablespoonfuls in 12 ounces. I ordered a tablespoonful 3 times a day. The bottle would last him 8 days.

Then I filled his bottle again, putting in only

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grains of morphin, the next time 4 grains, then 3 grains, 2 grains, 1 grain, and the last ½ grain of morphin. So you see by reducing 1 grain each time I filled his bottle, I reduced him just 1/24 grain at a dose every 8 days, and the last bottle, which had only a ½ grain of morphin sulfate, gave him only the forty-eighth part of a grain at a dose. After I had reduced him about one-half I added to each 12-ounce bottle a grain of strychnin sulfate, which gave him 1/24 grain of strychnin to the dose. He is now taking only the tonic with 1 grain of strychnin to 12 ounces.

He has been about his usual work every day, and never knew when he took the last dose of morphin. As the reduction was only 1/24 grain a dose every 8 days, his nerves had a chance to build up during the process of reduction.

I have had other patients that I thought could not take such large doses of the hyoscyamus, and to them I gave:

℞ Tr. nux vomica..... 2 drams
Elix. pepsin..... 6 ounces
Aquæ.....q. s. 12 ounces

To which I added morphin in whatever doses my patients were taking and gave a tablespoonful at 6 a. m., 12 m. and 6 p. m., and at 8, 10, 2, 4 and at 8 p. m. I gave the tonic containing the hyoscyamus in one or two teaspoonful doses, and after the morphin was reduced about one-half I added to the nerve tonic a grain of strychnin sulfate to 12 ounces, so that each teaspoonful had 1/96 grain of strychnin.

I have cured many cases by the hyoscin treatment, but this is far better, as there is no shock to the nervous system and patients can attend to their daily duties during the entire treatment. Before beginning any treatment the patient should take a course of calomel for the liver, and about once a week during the treatment he should have calomel. If patients do not sleep well give veronal.

A. J. LANDIS, M.D.
Chico, Cal.

Crotalin Successfully Used in Epilepsy.

EDITOR MEDICAL WORLD:—Crotalin is the dried, yellowish, crystal-like scales of the evaporated venom of *Crotalus horridus* and contains an albuminous substance. Chemically, it consists of two principal compounds, one of which must be counted among the peptones, while the other shows great similarity to globulin. The peptone element contained in the venom has a paralyzing effect on the nerves when administered in large doses, while in minute doses it has a quieting effect upon the nervous system.

The globulin element acts on the blood, in large doses completely destroying the power of the blod to clot, while in small doses it exerts a retarding action on the inherent tendency of the blood to coagulate, *i. e.*, it lengthens the clotting time of the blood.

In 1908 Dr. John Turner, of London, in making blood examinations on a large number of epileptic patients, found that in the so-called idiopathic form of the affliction the blood of these patients uniformly showed a condition of shortened clotting time.

From the writer's clinical experience in the treatment of over three hundred cases of epilepsy during the past five years he is convinced that crotalin in minute doses has the power to gradually lengthen the clotting time of the blood, and that if a lengthened clotting time can be maintained the usual epileptic manifestations are much modified. Moreover, from the above experience and from a review of the literature and correspondence with physicians who have reported on the use of crotalin in cases of epilepsy, the following conclusions are warranted:

First.—Crotalin modifies the severity of epileptic attacks and lengthens the interval between the seizures. There are cases on record in which the attacks have been entirely absent for periods of from one to five years.

Second.—Crotalin improves the general health and metabolism of the patient. No hemolytic effect is produced on the blood. In females functional menstrual disturbances are much relieved and regulated.

Third.—The mentality of the patient is favorably influenced by the use of crotalin. Apprehension and fear of an impending seizure, so characteristic a condition of the epileptic, frequently entirely disappear. The patient regains confidence in his own ability, with the result that a regular occupation can often be followed.

Fourth.—The best results are obtained if bromid or other sedativ treatment is gradually withdrawn, and eventually entirely withheld.

Fifth.—It is preferable for an epileptic to have an occasional convulsiv seizure, and to possess a clear mind and healthy body, rather than to have the patient's general health undermined and his mentality dulled by the use of bromid and other sedativs.

The Solution.

Crotalin being an albuminous substance, it is impossible to sterilize it with heat. It, therefore, is of the greatest importance when administering crotalin solution hypodermically that the solution be bacteriologically free from contamination. The crotalin solution which has been found most satisfactory in my hands is prepared

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by the Charles A. Wolf Pharmaceutic Laboratories of Philadelphia. These laboratories are thoroly equipt for bacteriologic work, and the writer has satisfied himself that every possible aseptic precaution is taken in the preparation of their crotalin solutions. The solution is put up in sterilized ampoules containing 1 c. c. of the solution of varying concentrations, *i. e.*, each ampoule represents 1/600 grain, 1/400 grain, *et cætera*, according to the strength desired by the physician.

Technic of Giving Injection.

It has seemed best to use an all-glass, aseptic, hypodermic syringe and a platino-iridium needle about one and a half inches in length. The needle is heated over a Bunsen flame or boiled. After breaking off the neck of the ampoule the crotalin solution is drawn into the syringe and, after expelling the air, is ready to be injected.

It has been my practise to give the injections in the supinator group of muscles of the forearm, using the right and left arms alternately. The site of injection is cleansed with tincture of green soap and alcohol, or toucht with tincture of iodin. The needle should be well introduced into the muscles (intramuscular), at an angle of about sixty degrees, and the contents of the syringe expelled slowly. After withdrawing the needle the wound is covered with a little sterilized cotton and collodion or Turlington's balsam.

Regulating Dose and Frequency of Administration by Degree of Eosinophilia Produced.

In the average adult case it is not advisable to use more than 1/400 of a grain of crotalin at the initial dose. In children, anemic adults or plethoric subjects I frequently start the treatment with 1/600 of a grain. Crotalin has a tendency to produce an eosinophilia. It should, therefore, be a routine practise to have a differential leucocyte count made two or three days after each crotalin solution injection. Clinical experience seems to indicate that it is best not to have more than 8 to 10% increase in the eosinophile cells in most individuals. The susceptibility of a patient to crotalin can be determined by the degree of eosinophilia produced. The writer has seen a 29% eosinophilia result from a 1/300 grain dose. In another patient a 43% eosinophilia was present two days after 1/200 of a grain was injected. On the other hand, some patients can be given 1/100 of a grain or even 1/75 of a grain, and the differential leucocyte count will remain practically normal. It is unwise and even dangerous, in the opinion of the writer, to depend upon the clinical manifestations for the purpose of regulating the strength of dose.

In the average case an injection is given once in seven to ten days, but if more than a 10% eosinophilia is found, two or three days after an injection, it is not wise to give a subsequent treatment until the second differential leucocyte count is made, and the percentage of eosinophiles has been reduced to four or five. I would especially caution against too large and too frequently repeated doses.

Withdrawal of Other Medication.

In patients who have been taking bromid or other sedativ medication it is not wise to withdraw the same suddenly. It is the writer's practise, when starting the crotalin treatment, to reduce the dose of bromid to one-third the daily amount the patient has been getting, and then to gradually withdraw it. After all bromid has been withdrawn for a time, some patients become extremely nervous and occasionally will show a tendency to mental confusion. This condition can usually be relieved by administering a small amount of sedativ again for a limited time. Patients in whom crotalin has proven most beneficial, however, are those in whom, after a short time, all bromid or other sedativ has been entirely withheld.

Most epileptic patients can partake of a general mixt and easily digested *diet*. It is wise to have them eat the heavy meal in the middle of the day, to restrict the amount of meat and encourage the use of green vegetables and fruits. The patient should be instructed to avoid such articles of food as may tend to produce gastro-intestinal disturbances. It is wise to see that there are two or three daily evacuations of the bowels, and when a drug is needed, cascara sagrada, a saline, or properly regulated doses of a mineral oil may be used. Below are appended brief summaries of six cases of epilepsy successfully treated with crotalin solution:

Case 1.—Female; aged 14; weight 107 lbs. Mother died of cancer at 47; father subject to "fainting spells" before marriage and occasionally afterward; he is a bartender and imbibes freely.

Patient youngest of four children; normal birth;

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no spasms during infancy; measles at seven years, followed by St. Vitus' dance, which lasted two months. One year later had a convulsiv seizure; second attack within four weeks, after which the seizures were diagnosed as epilepsy and became much more frequent. Has had five major seizures within twenty-four hours. During the summer of 1910 several times went four weeks between attacks, but during 1911 rarely had an interval of seven days, and, as a rule, had from two to six major attacks a week with almost daily manifestations of *petit mal*.

Crotalin injections were started January 9, 1912, after a week during which six major attacks had occurred. The injections were continued at weekly intervals for the first eight months. From January to June but little effect was noted on the frequency of the attacks, but all bromid was gradually withdrawn and the seizures did not become more severe or more frequent. From the first of June to the last of October major attacks were entirely absent, but on the 5th, 6th and 7th of October, 1913, a severe period of *status epilepticus* developt and on the last day mentioned there were fifty-eight major attacks in twenty-four hours. Since the above-referred-to *status* episode, no attacks at all have occurred, *i. e.*, the patient has been entirely free from every form of epileptic manifestation for the past nineteen months. Menstruation was establisht three months ago and has recurred regularly since with no untoward effect. The strength of dose of crotalin administered ranged from 1/400 to 1/50 grain, and the interval between the injections has gradually been lengthened, and for the past six months the patient has been receiving 1/100 grain every four weeks.

Case II.—Male; aged 25; single; occupation, bookkeeper. Father partially paralyzed; two paternal uncles died of apoplexy; mother highly nervous.

Fifth of nine children; normal birth; did not cut teeth until fifteen months; no spasms while teething; typhoid at 18; mastoid operation at 19; had been subject to severe headaches for a number of years, which recurred even subsequent to the mastoid operation. About eighteen months after the operation had a major convulsiv seizure. One year later had second major attack, but during the year's interval there had been numerous minor or what were thought to be Jacksonian manifestations of epilepsy.

Crotalin injections were started July 25, 1912, and for the three months previous there was a record of seven major attacks and almost daily minor seizures, which tended to occur in series. Patient was very apprehensiv; was afraid to go to bed because a series was almost sure to appear soon after lying down.

After crotalin injections at weekly intervals, from the last of July to the middle of September there were seven major attacks and the minor seizures continued in series. From the middle of September to the middle of November the major seizures were absent, when two occurred within a week's interval. Another major seizure occurred November 30, 1912, but since this time all evidence of both major and minor attacks have been absent. It is now eighteen months since any form of attack has occurred, and the patient has been working steadily for over a year. The interval between crotalin injections has gradually been lengthened, but he continues to receive 1/75 grain dose about every three weeks.

Case III.—Male; age 43; single; occupation, salesman. Family history negativ; nothing of significance could be elicited from patient's early history; Wassermann reaction negativ three years ago.

At 37 years of age had a major convulsiv seizure, and a second attack nine months later. During the nine months' interval there were a number of attacks of what were probably *petit mal*. After the second convulsion the longest interval between the major attacks has been two months, with *petit mal* seizures during the intervals.

Crotalin treatment was started April 16, 1913—three weeks after his last major convulsion. The crotalin injections have been continued at from twelve to fourteen-day intervals ever since, and the strength of dose has ranged from 1/400 to 1/150 grain. No seizures have occurred for sixteen months, and no bromid or other sedativ has been used for over a year.

Case IV.—Mrs. J. M. H., aged 25 years; family history negativ; patient was a healthy girl; menstruation establisht at twelve years, after which there was a tendency to much nervousness; she would worry and cry without cause. At 17 years fell in convulsion on street. Second attack occurred one year later. Longest interval between attacks was six months under bromids; has had attacks as frequently as once a week. For a year before beginning crotalin treatment, averaged one major attack every twenty days, with a number of *petit mal* seizures between.

The crotalin treatments were started November 20, 1912, and were continued at ten to fourteen-day intervals ever since; no attacks occurred from November 20th to April 20th (five months), when a major attack occurred after a night's dissipation. It is now a year since the last attack occurred. Patient has gained sixteen pounds in weight during the year, and the blood count at the present time shows 90% hemoglobin, 4,440,000 red cells and 7,500 white cells.

Case V.—Female, aged 15 years. Father's first cousin an epileptic; mother of a neuropathic disposition and subject to migraine.

Third in order of birth; premature child—eight months; patient wet-nursed and bottle-fed; Wassermann negativ; convulsions at eight months and again at thirteen months; measles and jaundice before the age of four, both preceded by convulsions. Scarlet fever at eight years, followed with lapses of consciousness. These lapses of consciousness gradually increast in frequency and developt a typical form of *petit mal* at the age of nine; minor seizures for three years have tended to come in series. Under bromid treatment, several times there was an interval of two months. Menstruation establisht at thirteen and a half years, since which the seizures have become much more frequent and severe.

Crotalin was started July 13, 1913, and has been continued at ten-day intervals ever since, the strength of dose ranging from 1/600 to 1/150 grain. No attacks have occurred since August, 1913. The girl has gained in weight and seems perfectly well.

Case VI.—A. R.; female; aged 16 years. Family history negativ; chorea at ten years; major epileptic attack at eleven years; second attack ten days later. During next six months longest interval between attacks under bromid treatment was three weeks, but as a rule had two to five attacks weekly.

Crotalin injections started March, 1909. Injections were given at weekly intervals for six weeks, the strength of dose being 1/150 grain. In two

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months' time all bromid had been discontinued. The crotalin injections were continued for six months at intervals of two and three weeks. No epileptic seizures have appeared since the bromid was entirely withdrawn. At fourteen years menstruation was establisht, and at the present time—two years later—patient is a well-developt, healthy girl. There have been no epileptic manifestations for a period of five years and no crotalin injections for over four years.

RALPH H. SPANGLER, A.B., M.D.,
Chief of Medical Clinic, Methodist Episcopal Hospital, Philadelphia.

The Initial Chill.

EDITOR MEDICAL WORLD: — The two cases here reported possibly do not throw any light on the points you wish to bring out. They are cases in which the initial chill gave alarm, but its interpretation was not correct:

A neighbor practician became alarmed at the chill the tenth day following confinement. The pathologist reported the colon bacillus in the uterin secretions. As we were leaving the house after a curettage, the husband said: "Doctor, I forgot to show you what my wife was spitting up." She had pneumonia.

In another case there had been a girlhood record of "female trouble" and many doctors. During pregnancy there was general discomfort, nausea, etc.; patient pale and anemic; findings negativ. Ten days after a normal delivery examination revealed a subinvolution. I called back the next day to do a curettage. Patient laughed at me, she was feeling so well. Ten days later I was again called, on account of a chill. I began to censure myself for not curetting that uterus. On examination there was no subinvolution, no discharge and no odor. I could not discern the meaning of the chill. I was ready to leave the house when I heard someone ask the patient if she had told me of the "lump" under her arm. I again took off my coat and made further examination. There was a "lump" in the breast near the axilla. The breast pump and poultices were applied. In a few days the baby vomited blood. After this everything returned to normal.

These show how easy it is to *mis*-interpret the initial chill. H. N. JENNETT.

4521 Independence Avenue, Kansas City, Mo.

Serums and Bacterins.

EDITOR MEDICAL WORLD:—On page 189 of the May WORLD Dr. Servoss speaks of bacterins as of the same type as antitoxin. This error is the one I alluded to in my original note. The antitoxin of diphtheria is a serum and not a vaccine or bacterin. The *modus operandi* of the two are entirely dissimilar. The serum supplies antibodies to the patients, while the vaccine or bacterin stimulates the body to produce its own antibodies. And it does this by poisoning (if you will permit so inexact a term) the body with the same kind of toxins as those produced by the disease.

If we are to use these agents we should use them intelligently.

In connection with the above see pages 85-88 of my "Symptomatic Therapeutics" (Appleton). It was publisht three years ago, but is still applicable.

Kansas City, Mo. G. H. HOXIE.

The American College of Surgeons.

EDITOR MEDICAL WORLD:—My objections to and views on the American College of Surgeons are briefly exprest in the following:

1. The question of the necessity of creating the college.
2. Undemocratic and discourteous.
3. The establishment of class and caste.
4. Taking in too few at the first convocation.

Necessity of the Creation of the College.

The beginning of modern and true surgery dates from the time when asepsis and antisepsis became establisht facts. We were then far behind the Europeans, but with characteristic American grit, ambition, energy and earnestness we grappled with the problem. As a result of this the proprietary schools are in a great measure removed; and some of our best medical colleges, say twenty, equal anything in Europe, and the others are following these with as much speed as is possible in view of many difficulties that attend this development. Medical institutes for research and good laboratories are becoming establisht. We are equal to Europe in surgery. Indeed, I believe we do better surgery, as I have observed the work of both continents. All this has been accomplisht in fifteen years thru a united movement of the whole profession in the United States. Zeal, enthusiasm and self-sacrifice, with practical unanimity and harmony, have been displayed. A determination was manifested all along the line to support high preliminary standards followed by scientific teaching instead of empiricism. Keen study of European methods with our own initiativ unfettered by cobwebs has brought us on a plane that

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obliges us to say, "Well done." And we wish to continue. We have proceeded so far shoulder to shoulder in a solid phalanx. Now suddenly comes discord—acrimonious expression. The College of Surgeons is looming up; one thousand men within the fence, one hundred and fifty-nine thousand without; "legalized murder" is heard, impliedly wholesale and done by those outside the fence, all of which is calculated to do no good, but, on the contrary, to produce, if persisted in, a condition in the medical profession of America somewhat akin to the political disorder in Mexico. This is retrogression, not progress. It is an expression of egotism and hysteria. The surgery in general in the metropolitan points and without is the wonder of the age. Along the pathway of any advance in any direction indiscretions of individuals will be seen. Why not? They are to be expected. It is a wonder there are not more. We are human. Do not accuse your innocent brother, who is earnestly working with yourself for the uplift, of these faults. The College of Surgeons, a small number of men, bright and competent, of course, is the impersonation of this faultfinding. "Let him that is without sin cast the first stone." For these reasons briefly sketcht in a general way I believe the College of Surgeons is without warrant at this time of upbuilding of the American profession. It is, however, capable of doing a great mischief to American medicin and especially to its own members. In the year 1400 it was necessary to do something to elevate surgery, altho that consisted in having it pass under the control of the barbers. In the year 1800 likewise it was proper to discard the barbers; and the Royal College of Surgeons of England to-day is a natural and healthy outcome of that necessity. Those were natural steps in the evolution of surgery. But why such an artificial, hysterical step as that characterizing the creation and exploitation of the American College of Surgeons at a time which might be designated the golden age of American surgery?

Undemocratic and Discourteous.

The effort to create an institution in the American body imitating that of England when conditions did not exist here requiring it, with the lack of simplicity and too much formality, ceremony and exclusivness in the initiation is not according to the spirit of our country.

The receiving of applications from men who thought the movement would be large and broad and not narrow, the initiation of a certain number in November without informing the other applicants a short time before this convocation that they would be soon considered, the utter indifference with respect to their feelings, holding them on the rack of expectancy, of deferred hope, was one of the rankest and most impertinent discourtesies ever inflicted on the American medical profession. And yet this body declares that the direction of surgery and the selection of who are and are not surgeons in this country should be placed in its hands. The members of this body evidently do feel that the rest of the American profession are living in the year of 1400 or 1800.

Establishment of Class and Caste.

We will not allude to Class A, B, C and D or groupings. That was a matter of detail. We will go a little deeper: It can be perceived that the entire membership is composed of teachers of surgery. The pedagogic atmosphere prevails largely. These reside in the metropolitan centers. Previous to ten or fifteen years ago they had exclusiv control of surgery, urban and rural, in this country. That was proper with conditions as they then prevailed. But with the diffusion of surgical learning and mastery of technic by those outside of the large cities and also those within, not teachers of surgery, a leveling process notably begun by the Mayos was inaugurated so that to-day surgery is done in the United States by representativ and efficient surgeons in the small cities, and the large cities, regardless of whether they are or are not teachers of surgery, and the surgery is generally of a high order. With a rapidly growing population and good surgeons everywhere we can never go back to old conditions. The members of the American College of Surgeons cannot understand this; they make a protest against the inevitable; they wish themselves as in the old order of things to do all this work themselves and thereby constitute a class and a caste.

Taking in too Few at the First Convocation.

According to Sir Rickman Godlee, the Royal College of Surgeons of England has 1,600 fellows and 17,000 members. Our country is three times as populous as England and our number of medical men at least twice as much per capita of popula-

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tion; hence it can be observed that 1,000 surgeons for our country is a bagatelle. It will be said by the American College of Surgeons that was all they could initiate at the first convocation and they contemplated other convocations. That seems to have been an after-thought, however, as members who had applied and were not received at the first convocation were only told two months after this convocation that they were being considered. A wise second thought! It was kind to jolly them up two months after date when they had already recovered, on their own account, from their lacerated feelings.

After one receives his degree from a good medical college and his license from the State to practise medicin and surgery, has been interne in a good hospital for a sufficient length of time, is a student, attends medical meetings and visits surgical clinics at regular intervals and by his honorable and efficient work impresses on the medical men and the people of his region that he is a surgeon he needs no label of the American College of Surgeons.

The utter failure of the American College of Surgeons so far to make any favorable impression on the great majority of American medical men shows the utter impossibility of its task. Anything that is exposed to satire and ridicule and deserves it cannot stand. And if it could live there would be another college establisht pretty soon, just as we have the National, the American and the Federal leagues of ball players; the Democratic and Republican parties; the two distinct Christian bodies, etc., all of which shows the futility of the attempt to undo that which is already solving itself along natural lines.

Our status here in the United States is the completion of that inaugurated in 1400, and modified in 1800 in England. Be content with making better medical colleges of the University type and turning out men of character; and then let each one determin whether he will be a general practician, an internist, an eye-and-ear man, or a surgeon. If he has talent he will succeed, and he has an absolute right to whatever success he attains. That is the real American college of any art or science.

La Salle, Ill. P. M. BURKE.

We askt for comments on the article by Dr. H. B. Deegan on "The American College of Surgeons and the General Practician," in May WORLD, pages 197 and 198, and received comments from two eminent surgeons:

Dr. Robert T. Morris, of New York City, answers Dr. Deegan's questions serially, as follows:

1. No.
2. Idea is to raise standards.
3. Always will be the case.
4. Morbidity rate must be large with untrained operators. I do some operations to the detriment of patients, and occasionally lose a patient that would be saved by some one who was a better surgeon than I am.
6. The more surgeons, the lower the fees.
7. Checks fee-splitting by making prostitutes ineligible for membership. Expels fee-splitters on complaint and proper evidence.
8. New society plans to raise scholarship standards.

ROBERT T. MORRIS, M.D., F.A.C.S.
616 Madison Ave., New York City.

EDITOR MEDICAL WORLD: — Concerning the above: As for myself it has never been a part of my ambition to be exclusiv; but instead to flock with that larger universal group—to be inclusiv. My observations and experience convince me that looking to a possible *future* there is not one thing of which we presume to believe or put into execution that can be said either great or small, useful or useless, as nothing puts an end to mutability or vicissitude but what puts an end to very existence. This particular project seems to have died or at least suffered serious malnutrition a-borning.

L. J. HAMMOND.
1222 Spruce St., Philadelphia.

Studying Medical Psychology.

EDITOR MEDICAL WORLD:—In everyday life the great question is to enter into the spirit of it.

The following selections from the "Edinburgh Lecture Series," by Judge Troward, show a new world farther back than the atomic one, where all our thoughts center. There is in this an outline of a whole range of new facts concerning the spirit power within us, and its operations in bringing us success and discernment or in limiting and lowering our conceptions of life. In this book there are ten chapters, each widening and developing the thought of the spirit life that runs thru us, not definitly stating exactly what it is, and how it works, or indicating in any dogmatic way the exact relation which obtains, but opening up the field of how far the psychic world in which we live is controlled by forces that we have not yet known. Judge Troward, of Edinburgh, has recently issued three small volumes called "Edinburgh Lectures on Mental Science," which carry this subject out into entirely new regions, and treats a mass of facts in such a judicial, scientific way as to be convincing.

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The spirit is that which gives life and movement to everything; it is that which causes it to exist. The thought of the author, the impression of the painter, is that without which their works could never come into being, and so it is only as we enter into the idea, which gives rise to the work, that we can derive all the enjoyment and benefit which it is able to bestow. If we cannot enter into the spirit of it, the book, the picture, the music are meaningless to us. To appreciate them, we must share the mental attitude of their creator. This is a universal principle. If we do not enter into the spirit of a thing, it is dead so far as we are concerned; but if we do enter into it, we reproduce in ourselves the same quality of life which called that thing into existence.

This is the general principle which we should carry to a higher range of things. May we not enter into that spirit and thus reproduce in ourselves a perennial spring of life and success?

Now this is the spirit that we need to enter into, and as a method it is a perfectly logical one, it is the same as that which all scientific advance has made. It consists in observing how certain laws work, under conditions, provided by nature and considering what principle this indicates and how this principle would act under especially selected conditions not provided by nature.

The knowledge of the principle is to be gained by a study of its affirmativ action. When we understand that, we are in a position to correct the negativ conditions which tend to prevent that action. Now, death is the absence of life and disease is the absence of health; so to enter into the spirit of life we require to contemplate it, where it is to be found and not where it is not. Hence all studies must consider the cosmic creation and the life spirit, working thru the ages, not a deathless energy, but a perpetual advance into higher degrees of life.

Thus, if we can only comprehend the spirit, so as to make it personal and within ourselves, what it evidently is in itself, the *magnum opus* would be accomplisht. This means realizing our life as coming directly from the originating spirit. If we can come to understand that, we shall have attained a degree of power that will be startling.

It is the self-recognition of this great principle that brings us in close relation to the supreme mind. That is the generating center and we are the distributing centers; just as electricity is generated at the central station and delivered in different forms of power by passing thru appropriate centers of distribution, so that in one case it lights a room, in another conveys a message, in a third drives a tram car. In like manner the power of the universal mind takes particular forms thru the particular mind of the individual. It does not interfere with the lines of his individuality, but works along them, thus making him, not less, but more himself. It is thus not a compelling power, but an expanding and illuminating one; so that the more the individual recognizes the reciprocal action between it and himself, the more full of life he must become.

Physicians everywhere realize a realm just beyond the physical world in which they live, and whatever it is called, and whatever its influence may be, there is a consciousness of power from that source which cannot be put aside.

Judge Troward shows that medical men can take up this subject and are particularly prepared for it by a knowledge of the coarser physical elements and the operation of the great laws that control the universe. He suggests topics and methods of scientific inquiry into the objectiv and subjectiv, into the conscious and subconscious, that is at least startling to the reader.

These books are publisht by the Goodyear Book Concern of 339 Fifth Avenue, New York City, and I take great pleasure in commending them as the most exact scientific studies on these subjects that are publisht up to the present time. In this I am in accord with Professor James, of Harvard, and other writers who have affirmed that Judge Troward has gone farther along more exact lines of real scientific study than any other author.

While he has not answered all the questions, nor attempted to, he has certainly opened fields which every student of mental science can enter and make his own observations.

Physicians, as a rule, are confronted with so many confusing theories presented in an obscure way and with a more or less doubtful origin, that they give up all study as useless. At last an opportunity has come to read a message from a student and lawyer who assembles facts and gives what he thinks to be a rational conclusion, and asks the reader to test them in his own best way. T. D. CROTHERS, M.D.

Hartford, Conn.

Intestinal Stasis Due to Stricture.

EDITOR MEDICAL WORLD:—Your article in the March WORLD on intestinal stasis reminds me of a case where I was called in consultation some five or six years ago.

I was awakened from a sound sleep one morning about 5 o'clock by a brother physician and requested to meet him. On my arrival I found the doctor had been called about an hour before telefoning me; he had found the patient, a Japanese about 50, with severe pains and cramps about the abdomen, and the usual attendant symptoms of colic, or indigestion. He gave a hypodermic of morphin and waited for patient to get enuf relief so he could question him further and get a better examination; but the patient, instead of getting relief, got worse rapidly, for while pain was some easier, still he began to show symptoms of collapse, and the doctor then sent for me.

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Symptoms.

On my examination of the patient I found subnormal temperature, rapid and feeble pulse; shallow, difficult respiration, with cold, clammy perspiration standing out in little beads over forehead, chest and abdomen; in fact, every sign of approaching dissolution. Before much more could be done death occurred, which was perhaps 30 minutes after my arrival—certainly a puzzling case, barring poisons.

Autopsy Findings.

We refused a death certificate without an autopsy; and at the autopsy I don't remember anything abnormal other than the following: Stomach moderately congested, liver hypertrophied (he had been a heavy drinker of alcoholics), kidneys congested and appeared as if either atrophied or very small; and microscopically like granular degeneration; a few minute hemorrhages in kidneys; *but* in the small intestin we found malformations in three or more places. For about the first 3 or 4 inches it was narrowed till it would be difficult to pass a lead pencil thru its lumen, then there was about 12 to 15 inches of normal size gut; then for a distance of 9 or 10 inches it was so small that it would fit snugly over an old-fashioned slate pencil; then a foot or more of normal intestin and a third time narrowed down to lead pencil size for 6 or more inches. Now the walls of the intestins seemed normal, except as to size at these three or more places. I am writing this from memory after the lapse of some years, so cannot give a very clear picture of this case, but the condition of the intestins remains quite distinct, and I have since thought many of the obscure "belly pains" and troubles might be due to similar malformations.

P. A. LEEDHAM, M.D.

Los Animas, Col.

The Value of Smallpox Vaccination Shown in an Epidemic.

EDITOR MEDICAL WORLD: — There are some persons in the medical profession who are yet skeptic as to the value of vaccination for smallpox. I have lately been enabled to make some observations that would convince me, if I were a disbeliever in its value.

Some two months ago a man with his family came into this vicinity from "old" Mexico. The family consisted of the man, his wife, and four children. The man, wife, and two children had been vaccinated four years ago. Two children had come into the family since, and had not been vaccinated. One of these broke out with smallpox on the day of their arrival. They stayed with a relativ whose family consisted of himself, wife, and five children.

The child that brought the disease and the other unvaccinated one had it in a very violent form, as did the entire family of the relativ with whom they were stopping, none of whom had ever been vaccinated. The relativ and his wife both died.

The man from Mexico and the wife and one of the children that had been vaccinated remained there in that hotbed of it, and nurst the others, and did not take it at all. One of the vaccinated children had it, but in a very mild form. The vaccination of this child *took* only very slightly.

There were about 20 persons exposed to the first case, and of these 6 had at some time in their lives been vaccinated. None of these took the disease. About all the others were vaccinated immediately, and some of them took well and promptly, and several of them did not take smallpox. But there were 9 of them who had not been vaccinated before that did take it, all having it in a very malignant form, and several of them died.

One young man who was exposed to the first case, and who had not been vaccinated, took it, and died. Four others in the same family that had not been vaccinated, took it from this one, and died. The father and mother of this family had been vaccinated fifty years before; and they had it, but in a very light form—they did not even need to go to bed.

I observed that every unvaccinated person that took it had it in a very severe form and several died, while those who had been vaccinated at any time either escaped entirely or had it in a very mild form.

It seems to me that such facts would be sufficient to convince any reasonable and unprejudiced mind that there is something of value in vaccination, that it is an almost certain preventiv to the contracting of the disease, and that it greatly modifies the severity of it in those cases that do take it.

I vaccinated about 600 persons, and I observed that in persons that had previously been vaccinated, and it had taken well, very few would "take," tho it was repeated in many of them. This was true without regard to the length of time since the vaccination. In all the cases where we got a

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"take" at all, in persons who had previously been vaccinated, it was very slight.

Conclusions.

I have come to the conclusions from these observations, and from reading and reasoning upon the question, that in persons who have been vaccinated and it has taken well they are well-nigh immune—at least, as much so as if they had had smallpox.

In persons whose vaccination takes but slightly, it only partially protects.

The immunity is in proportion to the intensity of the "take."

D. C. SUMMERS, M.D.

Elm Springs, Ark.

Benign Smallpox.

EDITOR MEDICAL WORLD:—Replying to Dr. J. H. Moore's article, May WORLD, page 206, will say that I now have under treatment nine cases almost identically like the one described in his article.

The first case to develop was a man recently returned from West Virginia, where smallpox was prevalent. Robust, strong, and healthy; had fever of 105° F. for three days, aching all over body. Two days after fever had subsided eruption appeared and went thru the four stages.

This man never had the least sign of fever during the whole eruption, and could not be kept in the house. All of the family who had not been vaccinated have since had the disease; and only two of them ever took to their beds. I say all of them; I must except two children. The eruption in some of the cases appeared in the palms and soles; particularly was this true of the first case. The mother of this man was the only one of the family who had been vaccinated; she had a fair scar. On or about the twenty-second day a few fine hard papules appeared on arms and legs, but gave no discomfort whatever (varioloid).

All of this family have had chickenpox except the small children.

Some of the neighbors who were exposed to the disease and vaccinated successfully did not take it.

I do not believe there is the slighest doubt about the disease being smallpox, but it certainly is the mildest form of the disease I ever saw or heard about.

In only one of these cases did I see umbilication, and this occurred in the case of the young man who brought the disease from West Virginia. I did not see the cases every day, however; and some of them may have had this diagnostic feature during my absence.

EUGENE C. EGGLESTON, M.D.

Fries, Va.

Sexual Impotence: Causes and Treatment.

EDITOR MEDICAL WORLD:—Have been interested during the past few months in articles appearing in THE WORLD on "Sexual Impotence."

I note from time to time the term "psychic impotence" (page 162, April WORLD). "This variety is most generally psychic and is not to be treated with drugs." I do not question the reply in this particular case, as the writer did not go into detail sufficiently.

But that term "psychic impotence"—what is it? Is there really such a condition? The lad who is making his "début" in the "palace of sin" may be seized with "stage fright" and find himself incompetent; the married man seeking an illegitimate intercourse may be seized temporarily with an inability to proceed. But to me, to say that the average case which comes to us as general practicians—the married man unable to accomplish the act at his own fireside—is due to "psychic impotence" is a great mistake. It is as great a fallacy as to speak of "idiopathic epilepsy"; to say that a woman is "hysterical"; that "children do not have worms"; that "there are no cases of malaria in Indiana and other favored spots"; and for a physician to give "placebos." Is it not another way of acknowledging our diagnostic inability?

Dr. Harvey A. Moore, of Indianapolis, says that practically all cases of sexual impotence are due to some definit lesion, and that most are amenable to treatment.

To illustrate by means of a case:

Mr. A., 33 years of age, married, good general health; vigorous sexual powers all his life until recently; gonorrhea ten years ago. Three years ago he noticed that he was "always tired," with a dull, dragging pain in the lumbar region. No other symptoms at that time. Two years ago he noticed a weakness in his erections. Being a professional man, he was told that he was overworkt and was advised to take a vacation. He rested for a while at the lakes, but the trouble increast. All sexual desires disappeared. Specialist—a good one, too—laught at him, told him to smoke two cigars a day instead of four, to take cold baths in the morning and early morning walks; 1/30th grain of strychnin four times a day and to remember that he was all right and to quit thinking about himself. This *régime* was followed religiously for six months, but his condition did not improve. He consulted another specialist in Chicago, whose written statement to him was that he was "all right." There was nothing at all the matter with him, and the

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other specialist was correct. He instructed him to occupy a separate bed from his wife and assured him that in a year or two all would be well. But above all things to quit thinking about "it."

Meanwhile the wife could not understand the coldness in the husband who erstwhile was so amorous, and accused him of being intimate with other women. I will draw the curtain on the domestic relations.

Mr. A. was desperate. As he exprest it, "I know I am not a sexual neurasthenic. I know there is something wrong. I think of sexual relations and would like to enjoy them, but between my brain and my sexual organs the wires are shunted and the messages will not travel."

This man had a prostate enlarged to the size of a small hen's egg. (One specialist had told him that there was a slight thickening, but that it was of no consequence.) The verumontanum was as large as the end of the little finger, engorged, and bleeding to the touch.

Treatment.

Prostatic massage twice a week. Not a ten-minute *séance*, but a vigorous one lasting two or three minutes with firm pressure. Continued over a period of six months. The hardened cicatricial tissue began to soften, size diminisht, pain in back disappeared and sexual desires returned. Every few weeks he could retain erection long enuf to accomplish the act. Then topical applications were made to the caput once a week, using silver nitrate, 5%—increast as the months passed. (The higher percentages topically applied will not cause as much pain as 1% injected.) Caput began to resume its normal size and color. Sexual powers increast till after two years' treatment the man is performing the sexual act two or three times a week. He did not take one drop of medicin.

Now tell me was this man—a university graduate, a successful man in his profession—suffering from psychic impotence? He had been told that he was.

I might tell of the young Kentucky mountain boy of 21 whom a brother practician told that he lost his powers because he had been with his wife when she was sick; of the man of 45; of the old soldier; and of many, many others who come to me, as they do to every reader of THE WORLD. Ninety per cent. of these have had gonorrhea—treated by a hand syringe; most of them have enlarged prostates and thickened posterior membranes. I am only a struggling general practician, five years out of school, who never heard of these things in his college course, but, thank the Lord! when a poor, distrest man tells me this, the most pitiful story to which we have to listen, I have never yet scoft at him and told him his troubles existed only in his mind.

This paper is not to be construed as a criticism on anything THE WORLD has publisht in reply to queries. Its only purpose is to spur us on to look for hidden causes; and not to jump at hasty conclusion and call a thing psychic when it may possibly be pathologic.

S. J. COPELAND, M.D.
1702 Lexington Ave., Indianapolis, Ind.

[Psychic impotence is generally experienced, or at least instigated, by an extra-marital attempt at intercourse. Once establisht, it is prone to be perpetuated and exaggerated by each successiv failure. Married men do suffer from this form of impotence, in certain cases, when attempting legitimate intercourse with their wives "at their own fireside" (?). Too many married men have *enuf on their minds* at such times to make them impotent—and if they are not, in all retributiv justice's name they ought to be. At the same time, it is a fact that psychic impotence is seldom noted in the married man attempting to secure satisfaction legitimately. When noted, it is generally a sequel of fright or remorse due to an illegitimate attempt, or to mental impressions consequent upon remembrance of such experiences.

Every practician of extended experience who has reacht eminence in the profession as a specialist on male sexual impotence admits and teaches the powerful influence mental impressions have upon a man's sexual life, and in instances where these experiences have been unfortunate, impotence often develops, and it is then of the psychic variety, regardless of the man's marital alliances—a wedding ceremony by no means altering a man's mental characteristics or impressionability.

Your case, of course, was not psychic, but had a pathologic base. At the same time, the fact that the man knew he had sustained a shock to his sexual integrity thru the attack of gonorrhea was enuf to have introduced a psychic *element* into the case. You cannot, of course, doctor, say how much of your cure was due to mental suggestion supplied by the method of treatment; we admitting, at the same time, that your treatment was therapeutically correct.

You will see cases, in time, who have been thru gonorrhea, and who are cured, in whom can be found *no* pathologic condition. Yet these men will manifest impotence, and will themselves (mentally, if they do not put it in words) assign the gonorrhea as a cause. You will have to treat them. If there is actually no pathologic condition to treat, what will you be compelled to call the case? Psychic, and so it will be. And these men are often

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"cured" by manipulation of their prostate, when, in fact, it does not need manipulation. They are, of course, cured by mental suggestion developt by the manipulations, and not by the manipulations themselves.

We admit, certainly, that the term psychic impotence is often used by those who neither know enuf to make such a diagnosis, nor to make the proper manipulations of treatment if an actually diseased prostate or other organ be in evidence.—ED.]

Cerebro-Spinal Meningitis.

EDITOR MEDICAL WORLD:—In a discussion at the Arkansas State Medical Society meeting at Little Rock, Ark., May, 1913, I stated my experience with this disease as follows:

I can remember a number of cases where there were no precautions taken to prevent it from spreading, and there were no other cases in the families. I remember a case that occurred some thirty-two years ago—a niece of mine. She died of what was called cerebro-spinal meningitis. She got so contracted before she died that her head and heels were drawing toward each other, so much so that pressure on her could not straighten her. There was another sister in the house two years older who did not take the disease, and no precaution was taken to prevent it.

The diagnosis of the case was made entirely by the symptoms. There were no other cases in the town.

Several years after that I was called to see a man who had been plowing all day. It was cold and disagreeable weather. He went to the woodpile and the other two men who were with him went into the house. They missed him, and on searching for him found him at the woodpile unconscious. They said he had not complained at all during the day. I gave him iodid of potassium and fluidextract of gelsemium in large doses, and by midnight he could move about and the next morning he was conscious.

About a year ago a small boy, a nephew of mine, at Nashville, Ark., took meningitis. I sent word to a friend of mine to give him iodid of potassium. After a day or two they got some serum and used three treatments and he recovered.

There were two other cases in the town. On one of the other cases the serum was used and the patient recovered, and the one that did not get the serum treatment died.

There were no other members of those families afflicted with the disease, tho no precaution was taken to prevent it. I believe it to be infectious; but I do not believe it to be a contagious disease.

Ashdown, Ark. DR. A. B. BISHOP.

Obliteration of Urethra Following Gonorrhea.

EDITOR MEDICAL WORLD:—I would like to report an interesting case, with unusually good results:

J. C., male, age 32, giving a history of acute gonorrhea, anterior urethritis. Treated with an astringent injection (three-day cure), which promptly caused a stricture and a chronic condition involving both posterior and anterior regions. After some delay he consulted a physician, who proceeded to attempt to pass sounds without success and, on account of the pain, the patient refused to allow any further procedure until the canal was practically closed. He was [taken to a certain hospital where he stayed for a time short and left the hospital with the urin dribbling thru an opening in the perineum and another thru the scrotum.

In this condition he existed for two years and six months, his clothing, his room, and everything having the odor of urin constantly during that time, and he being compelled to wear a napkin. I took him to the Birmingham Infirmary December 12, 1913, for operation, and he left there in one week with those old openings in the perineum and scrotum closed up and a medium-sized catheter in the urethra. There being about two inches of this urethra without any mucous lining, it will, of course, be some time before he will be entirely well. The catheter was left in the urethra about ten days, and I have been passing 26, 28 and 30 F. sounds once a week, under gas anesthesia since that time. Failing to locate the original urethra, which was entirely obliterated, I was compelled to do a suprapubic cystotomy to get the catheter to the opening back of the scrotum.

This man's general health is wonderfully improved, and he feels that he is a well man. He has been working at his occupation since the first of the year. Wet dreams and the sexual contact were very painful to him, but since his operation and a short time after the catheter was removed his condition in that respect seems normal to him. The sluffing we often have in these cases was very slight, and with the exception of a slight discharge from the one wound in the perineum which lasted about two months the results were entirely satisfactory. M. A. COPELAND.

Birmingham, Ala.

[Was the "three-day cure" a nostrum or a drugstore prescription?—ED.]

DEAR DR. TAYLOR:—O Doctor, your "Medical Month" is all to the good, and I will say again, as I said to you some twenty-odd years ago, I could sooner get along without books than THE WORLD. I believe I began subscribing for it in 1892, the year of my graduation, and I've had *more real help* from it than from any of the others; at any rate, as much, and I have some eight or ten volumes bound and on my shelves. Wishing you all the success that you so well deserve. J. ALEX. MELDAU, M.D.

Newberry, S. C.

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Obstetric Experiences.

EDITOR MEDICAL WORLD:—Having noticed several articles in the May WORLD prompts me to write a little of my experience and reply to some.

I live in a town of 500 inhabitants, and therefore have a country practise. I average about 40 obstetric cases per year, and having been in practise for 15 years, that would make about 600 cases.

Convulsions.

I have had two cases of convulsions, and saved both mothers and children. My treatment was purgation with large doses of calomel, morphin, chloral, bromids and chloroform to keep off convulsion and Norwood's tincture of veratrum to bring the pulse down to 40 to 60 per minute. Then delivered as soon as possible.

Postpartum Hemorrhage.

I have had about three cases only of what I could call genuin cases of postpartum hemorrhage. Treatment: clean out uterus; give ergot; compress bimanually, one hand on top of fundus and the other prest up against the os, closing it, and press anteriorly against pubis. A sponge wet in vinegar squeezed out at top of fundus, and pack if needed.

Placenta Previa.

Have had three cases of placenta previa; saved the three mothers, but lost two of the babies at about the seventh month. Saved the other baby that only lackt about two weeks of going to time. My method is to dilate and deliver as soon as possible by doing a version, bringing a foot down and thereby stop the hemorrhage.

Miscellaneous.

Have had six sets of twins, and one case of quadruplets, two boys and two girls, at sixth month of gestation. All, of course, died after a few hours. Her sister, wishing to do better, gave birth nine months after to 4 boys, but was delivered by another physician in my absence. I have had one case of septicemia in my own practise, with recovery. Have had three cases, not delivered by me, that died and several that recovered. Had one case that I saw after labor that died from emboli.

The only woman that I ever lost in my own work died 8 days after labor from suppression of kidneys with some slight infection. I have two cases that the cord was tied in a knot, one was stillborn, and the other was a recent case I had that had a complete knot in cord after it was releast from around the neck. Have had one monstrosity, acrania—*i. e.*, entire absence of external cranial bones—brain, with rudimentary meninges.

Examining the Wrong Person.

In reading of the position as recommended by Dr. Milburn, May WORLD, pages 192 to 194, I was reminded of what an old doctor told me many years ago. It is customary in this part of the country for midwives to deliver a woman sitting up, usually in the husband's lap, her back to his chest, both with legs wide apart, head thrown back on his shoulder. In this case it happened to be a neighbor woman that held the patient. The doctor said he tried to prevail on the woman to get on the bed, but to no effect; so he made his examination between what seemed to be hard labor pains, examination being made sitting at the side of the women, facing them. He examined her carefully and said: "My dear woman, I am sorry to tell you, but you are not even pregnant," when the woman that was holding her spoke up, "Yes, doctor, and I am sorry to tell *you*, but you have been examining the wrong woman all this time."

Business Methods.

I do enjoy THE WORLD, so does my wife, and am sure it has made a better doctor of me, especially a better collector, for in a practise of more than $3,000 per year I have less than $1,000 on books and not more than $200 of that but what could be collected at any time. And will be, as I have been using my idle days in April sending out statements. I usually write all a personal letter and tell them why I need the money at this time, and wind it up in such a manner as to leave them feeling good.

Long live THE WORLD and its Editor.

Floyd, Va. M. L. DALTON, M.D.

Report of a Rare Case in Obstetrics.

EDITOR MEDICAL WORLD: — I have two cases of exceptional interest which occurred in the past six months; the first one—complete laceration of the left wall of the vagina, including the Fallopian tube and connecting tissues of the uterus.

Rupture of Vagina and Uterin Ligaments.

On December 23, 1913, I was called in haste to see a mulatto woman who lived in the outskirts of town and who was flooding severely. I had attended this woman in three previous confinements without any serious results, and for the last four months had been called to see her each time when

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her periods appeared, altho I was confident she was pregnant.

When this call came I made up my mind that something had to be done, so when I arrived at the house I found her suffering with labor pains and bleeding profusely. I made ready as quickly as possible and upon examination found a portion of the placenta protruding thru the uterus sufficiently to allow free hemorrhage, so I saw that there was no time to waste, as she had bled excessivly already. So I went in after the placenta and culled it loose as fast as I could enter the contracted uterus, and such contractions I never met with before, and I hope never will again (hour-glass contraction). I finally culled it entirely loose and expelled it from the uterus.

Then I performed version, as I found an exceptionally large child and proceeded to bring it down feet first in order to have it act as a cone to keep up dilatation of the persistently contracting neck as I delivered.

Everything went all right until the body passed out of the uterus, and as it did so the contractions closed around the neck of the child as close as a cord. All this time I was having chloroform given, all that I could get her to take, but could not get her completely anesthetized.

Following up with the delivery I took the child in the right hand wrapt with a towel so as not to slip from my grasp, and produced firm traction, while at the same time I used the left hand and fingers prying up the edges of the contracted uterus and was getting dilatation along nicely, nearly sufficient to let the head pass out, when to my horror the negress gave a vicious kick downward with all her might and caught her heel in the flexure of the elbow of my right arm with which I was pulling on the child, and the result was the left-side attachments gave way, as I could feel them tear when the blow came. I explained to the husband then what had occurred, as the uterus, head and all came into view at the opening of the vagina. I hurried as fast as possible and completed delivery of the child from the womb, then replaced it to its normal position and found just what I feared, that the hand passed into the abdominal cavity past the left side of the uterus.

Five minutes' longer work without that kick I would have made a safe delivery, but now I could do nothing in the world. Had she been in a hospital I doubt if all the surgery and doctors there could have repaired the breech in time to save her life, as she died in a very short while from internal hemorrhage and shock. The uterus itself was not injured, but the floor of the abdominal cavity was opened and the appendages of the womb severed.

I have never seen nor heard of a similar case, and while it was a very unfortunate result, yet I felt impelled to report it. It was a case of placenta previa, and then, added to that danger, the accident that destroyed what would have been success.

Labor in a Tubercular.

The other case was a primipara, 19 years of age, who had had hip-joint disease (tubercular) and had been operated on in a hospital a few years ago, and was advised by the surgeons never to get married, as the confinement would kill her. Well, it came near doing so. This case was one with an ankylosed hip-joint, the lower extremities (both) not larger than a child's of 10 years, general physical condition far below the normal, and with contracted pelvis. So you may imagin just about what I had to meet, and the obstacles in the way of a natural delivery, as she was not able to get on her feet at all (as she always used crutches).

Labor came on naturally and was remarkably strong for a frail person like her. I assisted nature all I could in the usual way so far as I could carry it out in her case, by dilating the neck of the uterus and by pressure from the outside over the fundus of the uterus. I workt for five hours in this way, but found that her strength was giving out, so I gave her an H. M. C., following with chloroform and used the forceps. Just imagin yourself using them in a case where there was no flexion in the left hip, then you may realize just about how easy the work was, but after careful work I finally got them in place and ready for use, and with steady traction when the pains were on I finally succeeded in delivering a 6-pound child, and the most peculiarly crackt and checkered skin I ever saw in an infant, with slightly purplish tinge in color, which never did clear up as an ordinary healthy child's skin does. It died 3 weeks later. The mother, however, recovered nicely, and is herself again, even stronger than before the confinement.

It is not often that we tell of our mistakes and losses, but in so doing it might be a safeguard to some one else meeting with a similar case. I have not been as fortunate as Dr. French as referred to in the May issue. Seventeen years ago I lost a mother, primipara, who flooded to death before I had time to apply forceps to deliver the child after the placenta had escaped just as I arrived in the room. So that was not really a fair show for me; and then this case referred to above. I attended a case the other night in delivery of *twins* (boy and girl), the fourth pair of twins and the sixteenth child in fourteen years of married life.

JOHN R. SMITH, M.D.
Warsaw, Mo.

Prolonged Labor.—Dry Birth.

EDITOR MEDICAL WORLD:—I have been reading the interesting obstetric cases publisht recently in THE WORLD, especially the current number (May). Apropos I have an unusual case to report.

On February 20, 1914, I was called to Mrs. C., in her fifth pregnancy (includes one 6-month miscarriage). She is a short, stout woman, with large abdomen. Age, 26 years. The bag of waters broke soon after my arrival. Severe pain in back and abdomen lasting three hours. No dilatation of os. I gave her a hypodermic of ⅛ grain of morphin after two hours, which eventually relieved her of pain.

Saw her Saturday, February 21st. She had no pain. I kept in touch with her by telefone for 10 days. On April 22d I was again called to see her. She was apparently in labor. I made examination and found no dilatation. During next 4 days no

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pain during day, only at night. The abdomen was covered with blebs as from a second degree burn.

I saw her at 6 p. m. Sunday, April 26th, cervix dilated size of silver dollar. Gave pituitrin. In two hours delivery of baby. It was a complete, dry labor. The baby was covered by a dry, caked, brownish substance. The ears and eyes were completely filled with it. The cord was coffee-bean colored and tied in one knot, but not tight enuf to completely stop circulation. I cut it before pulsation ceast.

At this writing baby is 11 days old and in good condition, also the mother.

One point of importance is, was it not a long time from rupture of membranes, February 20th, to delivery, April 26th?

EDW. J. COOK, M.D.

413 N. Washington St., Baltimore, Md.

[It was, indeed, a long time between the rupture of the membranes and the delivery.—ED.]

A Living Fetal Monstrosity.

DEAR DR. TAYLOR:—I was called on the 4th inst. about 5 o'clock p. m., to attend Mrs. W. in labor, it being her fourth confinement and my second time to deliver her. Labor progrest normally until head was born. Then I felt a sudden catch after rotation had taken place. I produced some traction on head and felt a sudden giving way and baby was born.

I soon discovered something was wrong. The child was normal down to the waist, but its feet and legs were not. Its thighs were flext upon its abdomen and its legs upon its chest. Toes pointed together in center of chest and patella on posterior surface of knee. About the center of the sacrum there is the sac of a ruptured hematoma. Capacity I guessed to be ½ gallon. Base, or stem, a little larger than a silver dollar. It continues to discharge blood and bloody water.

The baby is still alive and nurses well. Bowels and kidneys act. The child passes blood from the bowels. It is a female and above the average in size.

What do you and the family think of this? She saw a badly contused foot and leg early in gestation, and also saw her sister-in-law, who is an epileptic, have a fit, and she caught her and watcht her have the convulsion, with her feet, legs and arms drawn in all directions.

I have read THE WORLD with interest ever since before graduation and have carefully read the articles upon maternal impressions, and will say I am a believer in such things. R. H. BRAMBLETT, M.D.

Cumming, Ga.

[While the circumstances seem to incline toward maternal impressions in the case you report, yet the majority of physicians doubt its possibility. However, the real effect of nerve impressions is but slightly known. Hence we are not now in a position to deduce a final conclusion on that matter.—ED.]

A Five-Month Aborted Fetus Lives for More Than an Hour.

EDITOR MEDICAL WORLD:—Permit me to report a case which came under my observation yesterday, viz.: A woman, 22 years old, and mother of three healthy children, had been running a machine in an overall factory for about two months. The machine she operated was the one that was always given beginners, because it was located next to the power plant and the older operators always moved to another machine as soon as there was a vacancy, complaining that the proximity of the electric plant made them very nervous. This woman came to the office at 3 p. m., saying that she was five months pregnant and was threatened with a miscarriage. I immediately sent her to the hospital and at the same time called the nurse and gave her instructions regarding the case. At 4 p. m. the nurse called me, saying that the woman had miscarried and asking me to come to the hospital at once, which I did, arriving about twenty minutes later, and found the membranes and placenta intact, lying in the bed. As there was no hemorrhage or other untoward symptom there was practically nothing to do, so I put the entire mass in a vessel and had it removed to the washroom, after seeing that the mother was doing well. I ruptured the membrane and proceeded to examin the fetus, when I noticed that the heart was still beating. I immediately began artificial respiration, and in a few minutes had establisht a distinct respiratory rhythm, which continued for over an hour, or until about 6 p. m. This struck me as a very remarkable case, and I would not dare to report it but for the fact that the three nurses who were present and witnest the incident will corroborate the above statement. W. M. WHEELER, M.D.

Sedalia, Mo.

Abruption of Placenta.

EDITOR MEDICAL WORLD:—I am much interested in Dr. J. R. Smith's case of abruption of the placenta (April, 1913, WORLD, page 135), and your sensible editorial upon that subject. I never saw a description of the condition before, but I do not see everything.

It carries me back to one of these cases that come very close to me. Twenty-four years ago my wife had her first baby and lost it because of this condition. She was somewhat old to be having her first baby, 36 years old, but she was a perfectly healthy woman, and is yet now when she is approaching 60. No syphilis, no arteriosclerosis, no endometritis, no injury of any kind, no nothing.

She ran a little overtime, and the child was very large, weighing 12 pounds even after losing his blood, for he was born, as you say, bloodless.

Labor was slow, of course, at her age and with a large child to deliver. I used the forceps, but not being then as skillful with them as Dr. Smith, I

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removed them when I got the head down on the perineum, thinking to deliver with not much delay, but a little oozing of blood and scary symptoms in the mother, warned me, so I put them on again and delivered rather hastily.

When the head came thru there was quite a discharge of blood, and more again when the body came. The placenta came out more easily than usual.

Now, I will tell you what I have always thought was the cause of the detachment. It was a case of low-down attachment of the placenta, in my opinion, and the forceps tore it off, tho I did not use much force in their introduction, so far as I remember.

I have met lots of complications in my time: five cases of placenta previa, shoulder presentations, brow, etc., etc. I hope I will not meet more of abruption. E. L. PAULDING.

Arroyo Grande, Cal.

[The best practise, if there is no contraindication (such as imminent danger to child or mother), is to remove the instruments just before the head emerges from the vulvar ring. This allows a little more room, and hence lessens the liability of tear of the perineum. Forceps, properly applied, require no force. Each blade is held as one holds a pen. We do not think it likely that they would cause abruption of the placenta.

A brief report of your management and results in your five cases of placenta previa would undoubtedly interest the family.—ED.]

Hypodermic Lobelia.

DEAR DR. TAYLOR:—Referring to your editorial on "Anaphylaxis in Diphtheria," let me give your readers a suggestion. This has been reported in THE WORLD before. Subculoyd lobelia is one of the most wonderful medicins in the materia medica. It is a substitute for antitoxin in diphtheria, and for morphin in asthma, and in many other conditions. This is an eclectic preparation, but like many other eclectic drugs, it is a wonder (I am not an eclectic). From ½ to 1 dram hypodermically will often cure diphtheria more quickly than antitoxin. I usually use it together with antitoxin, but have had wonderful results from its use alone. In a case of asthma, therefore, or where anaphylaxis is feared, use subculoyd lobelia.

Personally, I have found lobelia perfectly reliable in all conditions for which it is recommended in which I have had occasion to use it. Hypodermically lobelia has quite a different action from orally. Never (in my experience) nauseates or causes vomiting. A. F. BURKARD.

Omaha, Neb.

[In addition to the above preparation the Abbott Alkaloidal Company makes lobelin sulfate for hypodermic use. Sharp & Dohme write us that they are experimenting to make a form of lobelia suitable for hypodermic administration.—ED.]

The Virginia legislature has repealed the law requiring a State license and fee from physicians practicing within the State, the chief argument in support of the repeal dwelling upon the important function of the physician as a field agent of the health authorities. This argument was a good one, but it is interesting to note that the favorable result was accomplisht by a well-organized profession. A majority of the members of the assembly were pledged to the passage of the bill before that body met.—*Lancet Clinic.*

Quinin and Urea in Goiter.

EDITOR MEDICAL WORLD:—Will you kindly correct the note on page 199, May WORLD, in reference to my use of quinin and urea hydrochlorid injections for goiter? It is applicable to nearly all goiters, and experience seems to show that the best results are secured by injecting 15 to 30 minims of a concentrated solution (30 to 50%) directly into the affected lobes and isthmus. I have never used a solution weaker than 4%. Less swelling and prompter and more lasting improvement in symptoms is noted than formerly, when a large amount of a weak solution was injected.

Oklahoma City, Okla. LEIGH F. WATSON.

A Novel Collection Method.

EDITOR MEDICAL WORLD:—Here is a true story of one of our physicians. We have a notorious deadbeat in our town. On account of his wonderful imagination he can invent most effectiv sob stories at any time of the day or night which would awaken the sympathy of a wooden Indian, and by these he evades payment of his debts. His personal magnetism and gentlemanly manners prevent anger among his creditors, while his energy and generous education are so effectiv that he is the commanding officer in the militia.

Dr. E. is likewise a true Irish gentleman, one of the old sod, and it is thus only a sequence that Capt. D. B. owes him several hundred dollars, with no possible chance for its decrease and all the chance in the world for its increase. Awhile ago the Captain sent for Dr. E., who promptly declined to go, but upon learning that the hired girl was sick the good old doctor immediately went.

Upon examination the doctor saw no disease, so he askt the girl why she lay in bed. She replied that Capt. D. B. owed her several months' wages and that she had gone to bed and was going to stay there until she got her money.

Said the doctor: "Move over; I want the other half of the bed." MICH.

Good Pay and Its Appreciation.

The man who pays his bills on time finds life a journey most sublime; he has a minimum of care; the glad hand greets him everywhere, on every doormat there appears the "Welcome" word, thru all his years; and parents see he's in the swim, and name their babies after him, and lovely girls he round him finds, with "Bridal Chorus" in their minds. And when he's old, his whiskers white, he's held up as a shining light; the young are urged to gang his gait and keep their credit clean and straight; and when he shuts his world-worn eyes, and kicks the bedclothes off and dies, deep sorrow does the town enfold, and all the bells in grief are tolled. When to the boneyard he is borne the people all turn out to mourn, and see that he is planted right, and touching elegies indite.

But he who doesn't pay his bills is always faced by grievous ills; no girls are camping on his trail to work him for a wedding veil, and people view him with disdain, and say he gives the town a pain. He slinks thru life with furtiv step, to dodge the sheriff or his dep.—WALT MASON, in the Philadelphia *Evening Bulletin.*

BAKERSVILLE, N. C., January 16, 1914.

MY DEAR DOCTOR TAYLOR:—Three cheers for the triplex: Woodrow Wilson, William Jennings Bryan, "last but not least" Dr. C. F. Taylor, which is the best restorativ tonic that I have ever read about. I am for the three first, last and all the time. You will find inclosed $3. Your Monthly Talk, with prognostications, is well worth the amount. Fraternally yours, V. R. BUTT, M.D.

Alumnus of Jeff. Med. Col., 1886.

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THE PRESCRIPTION PAGE.

Itching in Gallstones.

To relieve the itching caused by the deposit of pigment in the skin the hot pack on alternate days, or even every day, is serviceable. A very efficient local application for this purpose is the following, which should be applied with a sponge and allowed to dry on the skin:

℞ Acidi carbolici.....*m* vijss
Glycerini.....f. ʒ ij
Aquæ.....f. ʒ vj

—FUSSELL, in *Merck's Archives.*

Pain in Dysmenorrhea.

Blacker gives in dysmenorrhea, if the pain is not very severe:

℞ Potassium bromid.....gr. xv
Potassium bicarbonate.....gr. xv
Sweet spirit of niter.....*m* xxx
Tincture of capsicum.....*m* iss
Compound tincture of chloroform (British Pharmaceutic Codex).....*m* x
Syrup of ginger.....*m* v
Peppermint water enuf to make...ʒ j

M. Sig.:—This dose to be taken every three hours.—*Monthly Cyclopedia.*

Caustic Paste for Boils.

℞ Farinæ tritici.....112
Amyli..... 45
Hydrarg. chlor. corros.,
Thymolis iodidi,
Cocainæ, of each..... 1
Camphoræ monobromatæ,
Phenolis, of each..... 10
Zinci chloridi.....120

Sufficient water and glycerin are added to form a paste of the desired consistence.—*Monthly Cyclopedia.*

Compound Alum Powder.

℞ Camphor.....gr. lx
Carbolic acid.....gr. cxx
Dried alum powder.....ʒ vj

Mix the camphor and carbolic acid in a mortar. When liquefied, add the alum and mix thoroly.

Use:—A stimulating and healing application for indolent ulcers, and also used to repress fungous granulations.—*Medical Summary.*

A Depilatory.

The following effectiv depilatory is suggested by Dr. W. E. Dreyfuss:

Barium sulfid .....25 parts
Powdered soap ..... 5 parts
Powdered Venetian talc.....35 parts
Wheat flour .....35 parts
Benzaldehyd .....enuf

Make a teaspoonful of the powder into a paste by three teaspoonfuls of water, and apply to the parts with an ordinary shaving brush in a moderately thick and even layer. After four to five minutes the parts should be moistened with a sponge dipt in water, and after another four or five minutes the hair can be removed by washing off the mass. The part is then deluged with a large quantity of water. If any irritation of the epidermis be manifested, it may be allayed by a simple "cold cream" or by any dusting powder like talc.

Nitrate of Silver Stains on Hands.

Nitrate of silver stains may be removed from the hands by applying the following mixture. Soon after application the stains become yellowish, and soon disappear:

℞ Bichlorid of mercury..... 5 parts
Ammonium chlorid..... 5 parts
Distilled water.....40 parts

Disguise for Carbolic Acid.

It is generally supposed that the odor of carbolic acid cannot be disguised, whereas much may be done to conceal its odor. This is often desirable in the practise of medicin. Either camphor or any of the following oils will make a profound impression on this persistent odor: peppermint, cajeput, caraway, clove, or wintergreen. The following process yields the "perfumed" carbolic acid:

℞ Carbolic acid, crystals,
Alcohol, āā..... 1 ounce
Oil of bergamot,
Oil of eucalyptus, āā.....10 minims
Oil of citronella..... 3 minims
Tincture of cudbear.....10 minims
Water, enuf to make.....10 ounces

Mix, allow to stand for several days, and then filter thru fuller's earth.

Or the following formula may be employed:

℞ Carbolic acid, crystals..... 4 drams
Cologne water..... 4 drams
Dilute acetic acid..... 9 ounces

Keep in a cool place for a few days, and then filter.

Remedies for Insect Bites.

The following mixtures make good remedies to give those patients who are very susceptible to insect bites, and who wish something to keep about the house ready for such emergencies. Frequently such a sting or bite is very painful to a young child:

℞ Carbolic acid.....15 grains
Glycerin..... 2 drams
Rose water..... 4 ounces

Or

℞ Salicylic acid.....15 grains
Collodion..... 2½ drams
Spirit of ammonia..... 5½ drams

Or

℞ Fluidextract of rhus toxicodendron..... 1 dram
Water..... 8 ounces

Or

℞ Powdered ipecac..... 1 dram
Alcohol,
Ether, of each..... 1 ounce

Or

℞ Betanaphthol,
Camphor, of each.....½ ounce
Lanolin..... 1 ounce

Or cover the bite with cigar ashes and moisten. The recent burning insures asepsis, and the contained potassium carbonate neutralizes the minute quantities of formic acid deposited with the sting or bite of the insect.

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

The Wassermann Test—Kloroform Asfixia.

EDITOR MEDICAL WORLD:—I had not had occasion to pay attention to the Wassermann test until lately, and now I am unabl to find what I want relating thereto. Is the Wassermann reaction a certain indication of syphilis? Somewhere I read that it is not, but must be corroborated by other signs. Wil the reaction occur in any others than the original sinner? I ask becaus I hav a patient rebelyus to treatment, and a blud test is sed to hav demonstrated that she had sifilis. I ges we hav yet sumthing to lern, for I do not believ my patient has had sifilis; I am sure that nether the father or muther had sifilis, for nun of the treo ever had any simptomz, if I can believ them, of which I hav not the slitest dout. Pleas forward informashun.

I had an experiens in kloroform asfixia that is uneek, I think. I was about to empty the uterus of the remainz ov a miscarriage at about the first month, and a fizishan woz giving the anesthetic hwen she stopt brething. Inversion, etc., faild, and dilating the sfinkter ani also, so I made a wej ov my open hand and crowded it hard into the os uteri. Pashent gaspt, and lived.

Port Huron, Mich. A. F. RANDALL, M.D.

[The Wassermann test is not an absolute method of diagnosis. Wassermann himself never made any such claim. Self-styled experts have done so, but the clinician of experience knows better than this. What Wassermann did say of the test was: "It is a specific *within the limitations* that apply to all immunity reactions" (italics ours—ED.).

Protozoal diseases, in certain stages, show reactions identical with those noted in undoubted cases of syphilis. The characteristic reaction does not always appear in those suffering from syphilis. Like all other laboratory tests, one *séance* proves nothing, if negativ; but repeated examinations must be made. If a number have been made, and all, or nearly all, are positiv, the evidence of existence of syphilis is fairly conclusiv if proper exclusions have been made. The reaction is not influenced in any degree by who might have been the original sinner, as it deals only with the blood of the individual being tested, and it acts, if it acts at all, regardless of the victim being sinner or saint. If it acts in any individual case, it acts because of the presence of the spirochetes in the blood, regardless of how they arrived. Wolfsohn regards the test as "especially useful in tertiary and latent syphilis and in parasyphilis; generally positiv in treated cases of congenital and secondary syphilis." Kaliski, from an experience of 400 trials, regards the test of as little value in primary and secondary syphilis and in parasyphilis, but of service in cerebrospinal and tertiary syphilis.—ED.]

High Temperature.

EDITOR MEDICAL WORLD:—Inclosed you will find my check for one dollar. For every-day, practical medicin THE WORLD is the best of them all—not excepting the *Journal of the A. M. A.* I am inclosing a clipping from a recent number of the Kansas City *Star*, citing a temperature of 131° in a girl in a hospital in Kiev, Russia. Is there any authentic record of a temperature this high? If not, what is the highest ever recorded?

Basehor, Kan. CHARLES M. BROWN.

[While an undergraduate, we saw a girl show a thermometer reading of 122° F. Of course, she really did not have any such temperature—no elevation above normal, in fact—when the temperature was taken elsewhere than in the mouth. We utterly failed to detect her in any labial manipulation, but she did not fool anybody.

A temperature above 108° F. cannot be endured any length of time and if sustained is incompatible with recovery. Temperatures of 110° and 111° F. are sometimes observed in cases where injury to the spinal cord has been sustained. In tetanus, 112½° are recorded. Hysteria, also, has furnisht some remarkable temperatures, tho the exactitude of these is open to question. Hyperpyrexia is occasionally noted in convalescence from acute rheumatism. In a given case, it is well to make careful comparison between the recorded temperature and the pulse rate—this may prevent one from being startled out of his equanimity.

It is always wise to take any medical information appearing in a lay journal *cum granum salus*, and any such weird statement markedly so. We do not believe it.—ED.]

Nightsweats.

DEAR DR. TAYLOR:—I have been a subscriber to THE MEDICAL WORLD for twelve years and consider it the best journal publisht. Now, I want help from you and the family. My son, age 11 years, has nightsweats. He has had them for two years. Gets better at times and then gets worse. I think it is caused by nervousness. I have had blood tests made. Find no malaria or tuberculosis. He is tall for his age and slender; very quick and bright.. After he goes to sleep in about 20 or 30 minutes he begins to sweat freely. Often have to change his nightshirt. I have given him glycerophosfates, iron, quinin, strychnin, arsenic in capsules, aromatic sulfuric acid; also a nightsweat tablet made by S. & D. Have tried the old remedy of putting a tub of water under his bed. And he still sweats.

Now, will you please give me your advice at once, as in warm weather it is worse. He is my only child. DR. A. L. CHAPMAN.

Ward, La.

[Put the young man on agaricin, 1/20 grain hourly, for four doses, each evening. Begin administration so that the fourth dose will be taken half an hour before retiring.

Sponging the body with an infusion of white oak bark, every night for a time, just before retiring, would have a tendency to act against this abnormal perspiration.—ED.]

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Pain in the Back.

EDITOR MEDICAL WORLD:—I have a case that I wish your advice upon.

A lady, 53 years old, has had spasmodic attacks beginning with a severe pain in her coccyx. This gradually works up the spine, when finally a terrific pain in the back of head and neck begins. These attacks were thought at first to follow some little strain of work or worry, but since she has been freed from all work and nearly all worry they are just as bad as ever. I neglected to state that during the attack the stomach became irritable and would hold nothing for three or four days. Between attacks she seems to be in fine physical condition; kidneys, blood, heart, nervous system all right. Various treatments have been tried by a number of doctors, but to no avail. The spells are coming oftener and more severe. Bromids and tonics seemed to help for a time, but finally wore out. Hypodermics of morphin during the attack seem to be the only thing that give any relief. Various viburnum preparations have been tried, with no results. Sanitarium treatment has been advised, but rejected, as she is afraid to leave home. R. A. HILLS, M.D.

Russell, Iowa.

[If the attacks show any definit periodicity, we would suggest attempting to abort them by narcotization a day or so previous to the time of expected incidence. Morphin could be used, or, perhaps better, sedation without the narcotization; as by massiv doses of bromids, chloral, or other hypnotic or sedativ.

Vibration over the coccyx and spine, by mechanically operated or by electrically actuated instrument, if current be available, would probably do good in the intervals. Direct application of electricity would probably be beneficial, tho, to be certain, it would have to be given by an expert electrotherapeutist. If you have the facilities, we can refer you to books which will teach you the technic.

We are not convinced that you have to deal with a true coccygodynia, and we are not sure that any real diagnosis will be made. Improvement in her condition is more important than a diagnosis, and such improvement is quite likely to follow proper massage, vibration, etc.

It is regrettable that she will not consent to place herself in the hands of some competent electrotherapeutist, for along that line is her best chance. We do not think any system of drug medication will be likely to cure her unless it be possible to abort attacks as first suggested.—ED.]

Formulas Wanted.

EDITOR MEDICAL WORLD:—Can you give me the formula of Fitch hair tonic? Can you give me a formula for a tooth paste like Colgate's, put up in a collapsible tube?

If you can furnish me with these formulas thru your journal I will be obliged.

Baltimore, Md. DR. L. F. HAMRICK.

[We do not have any reference to any formula for "Fitch hair tonic." If you would study this preparation, we have little doubt but that you could eclipse it. We have never seen any proprietary which could not be improved upon by very little investigation. We are not familiar with the preparation, and cannot attempt to duplicate it.—ED.]

Unusual Eruption.

EDITOR MEDICAL WORLD:—Please give diagnosis and treatment of the following case:

Mrs. E., age 20, mother of two children, one of which was premature. Mother died of pneumonia at about 35. Father living in good health. One grandfather died of ascending paralysis, age 68. One grandmother died of pulmonary tuberculosis, age 66. Other grandparents are dead, but their history is not obtainable.

The anterior part of the arms, forarms, chest and thighs is covered with numerous hornlike projections with sharp, prickly apex; vary in size from that of a pin to that of a broom straw and in length from $\frac{1}{16}$ to $\frac{1}{8}$ of an inch. They can be pluckt out with tweezers, but are too numerous for that kind of treatment. They do not have an inflammatory base; they seem to be set into the skin.

Any information will be gladly received.

Lynn, Ark. A. L. PEACOCK, M.D.

[We are unable to recognize, from your description, the nature of the skin disease from which your patient suffers. It most closely corresponds to pityriasis rubra pilaris, and we suggest your carefnl study of this disease in some good work on dermatology, altho there are points (such as the statement: "They do not have an inflammatory base") which make it confusing. They may have had this characteristic before you saw the case, and unnoticed by the patient. It might be acne keratosa. Remember that one rarely sees a skin disease accurately corresponding to the "type" described in the textbooks, but that the diagnosis must be made from general characteristics.—ED.]

Fumigation for Smallpox.

DEAR DR. TAYLOR:—I have been a reader of THE MEDICAL WORLD since December, 1908, and it is the best journal I have. I graduated in 1909. This is my first letter to you. I have a case of smallpox under my care. Will you please tell me the best way of fumigating the house and other members of the family?

Grayville, Ill. HUGH Q. ALLISON, M.D.

[It has been our practise, after all "pox" had been removed from the skin by warm alkalin baths (bicarbonate of soda solution, generally), to raise the quarantine. Previously to this, we had provided new clothing for all members of the family; or, if this was impracticable, had carefully fumigated and then thoroly aired all clothing to be donned after leaving the house. Such clothing can be fumigated by placing it in barrels, with provision for airtight covering. In the bottom of the barrel place a vessel containing a half-pound of crystals of potassium permanganate. This vessel must be large enuf to permit of free ebullition without splashing upon the clothing above. Now arrange a rack of sticks above the vessel which will hold the clothing above and away from the boiling solution. See that space is left down which the formaldehyde may be poured. Now have the cover ready for quick adjustment. Next pour a pint of commercial formaldehyde solution on the potassium permanganate crystals, and quickly place cover and seal. Leave in position twelve hours; unseal; and air the clothing, and it will be safe.

A temporary shelter, such as a tent or rough board barricade, is placed close to the exit from the infected house. In this the fumigated clothing is placed.

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The guard has prepared a tub with solution of bichlorid of mercury, 1 to 2,000, just inside the door of the infected house. Each member takes a thoro bath in this, wetting the hair completely. When he signals that he is ready to leave the tub, a fumigated blanket is passed to him thru the slightly opened door. He wraps this blanket about him and comes out, without a backward glance, and makes for the shelter, where he dons his clothing. The solution in the tub is renewed, and the next member passes thru bath and following procedures in same manner.

When all are out, all outlets about windows, chimneys, and doors of the infected house are sealed by strips of paper and "flour paste," except the one door of exit. Buckets are placed on the floor thru the various rooms, to contain the potassium permanganate crystals and the formaldehyde solution. These are quickly charged, and the guard rushes out of the exit, sealing it after him, and stuffing the keyhole, etc. A pint of formaldehyde and a pound of potassium permanganate are used to each thousand cubic feet of space within the house. Less would do, but an excess is allowed for leakage. The house is left sealed for twenty-four hours; then it is aired thoroly for twelve hours, when it is ready for occupancy. It is a good idea to burn such articles as mattresses, pillows, and other articles upon which there is doubt of complete disinfection being obtainable, before the fumigation begins. All closets are opened, and clothing spread about loosely on furniture to expose it thoroly to fumes. Books are opened and left standing on edge, so the fumes will penetrate the loosely hung leaves. It is wise, also, to flood the floors with bichlorid solution, 1 to 1,000, before beginning fumigation.—ED.]

Gallstones.

EDITOR MEDICAL WORLD:—I was operated upon for gallstones and the surgeon removed one-half teacupful from the gall-cyst, but left one in the common duct. I got so weak that they were afraid to finish the operation. The cyst was stitcht to the wound or incision and left an open sinus thru which the bile flows. Now, what I want to know is, what kind of a solution I can inject thru a tube to melt down this stone so that it will wash away, without undergoing a second operation. Would a weak solution of alcohol or normal saline solution do? DR. S. H. HURST.

Laconia, Ind.

[If there was any known solvent of gallstones, no operation would ever be necessary, for we would all care for our patients with celerity, without pain, and with certainty. Unfortunately, no solvent of gallstones is known, and operations are necessary.

Quite probably, doctor, you are in better condition for a second operation than you were for the earlier one. Secondary operations are common and frequent, and generally terminate favorably. Without complete details, and with the understanding that there are no contraindications, we advise another operation, which will probably complete matters and leave you without a sinus. We are practically certain that you will derive no benefit from injection of any form of saline solution or weak alcohol, or, in fact, anything whatsoever. We regret, doctor, that we are unable to offer anything of service in this line, and to discourage any experiments. They have all been tried out and found wanting in effectivness.—ED.]

Books on Electrotherapy.

EDITOR MEDICAL WORLD:—As an electrical current has recently reacht my town, I am desirous of getting some information on electric light therapy and the use of the Vibrator. What practical work could you recommend on this subject?

Burr Oak, Kans. C. S. HERSHNER, M.D.

[You can get useful information of this nature from "Mechanical Vibration," by Dr. M. L. H. Arnold Snow. Also "The Therapeutics of Radiant Light and Heat and Convectiv Heat," by Dr. Wm. Benham Snow. These books are publisht by the Scientific Authors Pub. Co., 2020 Broadway, New York City.—ED.]

Beginning Electrotherapeutics.

EDITOR MEDICAL WORLD:—In your March issue, page 92, you have a most common-sense editorial on electric methods. I am a general practician and would like to add a few electric apparatus to my office, but have not enuf knowledge as to what to buy. Kindly suggest what you would advise me to get.

Will one instrument do the work for desiccation, fulguration and thermoradiotherapy, or does it take separate machines? Any suggestion or recommendation of an apparatus will be thankfully received.

Ashland, Pa. L. A. SNYDER.

[As you would not be likely to prescribe a powerful drug without previous study of its action on the human body, so, in my experience, under no condition should you buy any electric apparatus without previously informing yourself on (1) the *physics* of electricity in general and (2) that of its action in the human being.

For this object, THE WORLD advises a course on the latter two headings in, say, the Electric Department of the University of Pennsylvania at Philadelphia or the Sheffield Scientific School of Yale University. Also, (1) Study the section on "electricity" in any standard work on "physics," Ganot being a clear writer on this seemingly abstruse topic. (2.) Read Houston and Kennelly's elementary work on "Medical Electricity." Then read S. Tousey's larger work with the same title; W. B. Snow, on "Currents of High Frequency and Voltage." A practical course under the latter teacher (2020 Broadway, New York City) and in the electrotherapic department of a large modern hospital will finally give the information desired.

No single instrument will supply all the currents you mention. Do not depend on dealers' catalogs, but always obtain the practical advice of a skilled medical electrotherapist, so as to buy apparatus exactly fitted for the service you require.—ED.]

Burrow's Solution.

EDITOR MEDICAL WORLD:—Kindly publish at earliest convenience the formula for "Burrow's solution" or "Liquor Burrowi," as it is sometimes called. It seems to be like a solution of aluminum acetate, and is much used, I believe, in the German army in inflammatory conditions.

New York City. EDWARD MCGUIRE.

[We are unable to find any reference whatever to Burrow's solution in any of our texts. Can any of the family furnish formula desired? There are a number of formulas for preparation of solutions of aluminum acetate in English and German pharmacopeias, but no use is made of the name Burrow's in any of them. All are astringent and sedativ applications.—ED.]

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Books on Rectum and Dietetics.

EDITOR MEDICAL WORLD:—Will you kindly tell me the name of latest and best book on diseases of rectum; also on diet. Cannot get along without THE WORLD. W. S. ROBBINS.

Hermosa Beach, Cal.

[We cannot recommend any book as "the latest and best" in this column. If you will think a moment you will realize that each publisher considers his own productions the "best." You will find all of the following books good: "Diseases of the Rectum," Bodkin, publisht by E. B. Treat & Co., 241 W. 23d Street, New York City, N. Y., at $3.50, and containing 399 pages; "Handbook of Diseases of Rectum," Hirschmann, publisht by C. V. Mosby Co., St. Louis, Mo., at $4, and contains 363 pages; "Rectal Diseases, Diagnosis and Treatment," Albright, publisht by the author, 3228 N. Broad St., Philadelphia, Pa., at $4, and containing 447 pages.

On Diet: "Nutrition and Dietetics," Hall, publisht at $2 by D. Appleton & Co., New York, N. Y., and containing 298 pages; "Golden Rules of Dietetics," Benedict, C. V. Mosby Co., St. Louis, Mo., $3, containing 391 pages; "Food in Health and Disease," Davis, publisht by P. Blakiston's Son & Co., Philadelphia, Pa., at $3.50 and containing 426 pages; "The Science of Nutrition," Lusk, publisht by W. B. Saunders Co., Philadelphia, Pa., at $3 and containing 374 pages.—ED.]

Moisture on Eyeglasses.

EDITOR MEDICAL WORLD:—I would like a little information. I have arrived at the age where I find it comfortable to wear glasses when reading, especially at night. Now I have noticed that after reading a short time, say half an hour, objects will begin to get dim, and on examination of spectacles will find a misty-appearing spot in the center of the lenses, both about alike and about the size of the iris of an eye. This invariably occurs, so that I always have to wipe lenses about each 30 minutes when using them. This morning I made another discovery, which is that this mist that gathers on the lenses is on the distal side or surface, and *not* on the surface next the eyes. What I want to know is, what is the cause of this phenomenon (?)? It does not seem to occur with others whom I have askt. P. A. LEEDHAM, M.D.

Las Animas, Col.

[If you will add a pinch of salt and 2 drams of water to an ounce of glycerin, and moisten a soft rag with this solution, and wipe it over the surface of the lens, we think you will not be troubled with condensation of the moisture of the atmosphere on them. The glycerin solution is wiped almost all off, so that not enuf is left to obscure the vision, but enuf will remain to answer the purpose if the glass is not rubbed too vigorously.—ED.]

Rupture Cure.

EDITOR MEDICAL WORLD:—A couple years ago I wrote to some rupture cure advertiser for particulars of his appliance. He sent me circulars and description.

Imagining that I was a rupture patient, he next wrote that he had been lying awake at night thinking about my case, etc., etc.

Some time after I began receiving circulars and literature from other rupture curers in different states of the Union. Each manufacturer had a perfect cure and the only one. There must be a kind of fellowship between these rupture people and an exchange of names of customers.

I enclose a circular and letter recently received from one of the Great American Pie—no, Rupture Cure Company.

Can you see where this "rupture lock" is likely to be any better than any other truss?

Mount Union, Pa. A. R. MCCARTHY, M.D.

[The circulars were of the Schuiling Rupture Institute, Indianapolis, Ind. Another "institute"! We do not know the value of this appliance, but are not well imprest with the instrument as depicted in the circular. The U-shaped bend in the belt we would expect would weaken it.—ED.]

Coca Cola.

EDITOR MEDICAL WORLD:—In the next issue of your most valuable journal please give me the chemical composition of coca cola. At least, state whether it contains alcohol, and, if so, how much? Does it contain caffein? If so, how much? Is it a harmless or an injurious drink? KENTUCKY.

[According to "Notice of Judgment," No. 1455, May 27, 1912, it was analyzed by the United States Bureau of Chemistry and found to consist of:

Caffein (grains per fluidounce)	0.92- 1.30
Phosforic acid (H_3PO_4) (%)	0.26- 0.30
Sugar, total (%)	48.86-58.00
Alcohol (% by volume)	0.90- 1.27
Caramel, glycerin, lime juice, essential oils and plant extractiv	Present
Water (%)	34.00-41.00

It is a sweetened aromatic solution of caffein of about the strength of good coffee; one glass of coca cola being about equal to a cup of good coffee. The manufacturers, in a letter to us, state that it contains "alcohol in about the same proportions as ice cream flavored with vanilla extract, or a lemon ice flavored with extract of lemon."—ED.]

Testing for Glycosuria.

EDITOR MEDICAL WORLD:—Can you give me any information concerning "Bartley's urinary test case," especially the sugar test? The sugar test powder consists of 1 part indigo carmine and 20 parts sodium carbonate, and is used by putting a small quantity of the powder into a dram of suspected urin and heating to the boiling point. If sugar is present the urin is supposed to turn green, violet, red and finally yellow and upon cooling and agitating the colors reappear in a reversed order.

Is it thoroly reliable? Is it very delicate? Is there any possibility of the powder spoiling? My reason for asking is that this test and Fehling's do not always agree on the same urins and I am anxious to know which one is the most thoroly reliable in your estimation.

Bryantville, Mass. JAMES S. CHASE, M.D.

[We are not familiar with the virtues of indigo carmine and soda carbonate, used as you mention, in test for sugar in urin. The indigo carmine has been used for years as a test for renal sufficiency, by passing it thru the body and kidney, but we have no information as to its reliability when employed in the urin. Fehling's test remains the one most popular among the profession, and the one preferred by the greatest number of life insurance examining physicians on account of the favor shown it by the chief medical examiners of such corporations. It is sufficiently exact for any clinical purpose, and the technic is easily mastered

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by a little reading and practical experience. The technic of any test is quite as important as the reagent employed.

If the powders are kept separate, we should think there would be no difficulty in the way of deterioration in any reasonable time, tho the soda bicarbonate will attract moisture if carelessly stored. If the powders are blended on receipt, we would imagin that there would be strong probability of deterioration, or, at least, difficulty in keeping over long periods of time. The Fehling test has the advantage that it is easily itself tested for reliability.

We suggest your purchasing Tyson, "On the Urin." This book goes deeply into the minute details and exactitude of the various tests, and it is an absolutely safe guide. It is sold by P. Blakiston's Son & Co., Philadelphia, Pa., at $1.50.—ED.]

Double Cones for Piles.

EDITOR MEDICAL WORLD:—A year or two ago I received a sample of "cones" for piles. They were "double cone shape," white and hard. They were not made of a "salve." I have forgotten where I got them. Can you or any of your readers tell me what they were? I have lost track of the firm from whom I secured them. HENRY STEIN, M.D.

Altamont, Ill.

[We do not recognize the preparation from the description you give, and are publishing this so that if it meet the eye of the manufacturer or if any of the family know the address of the maker, they may communicate with you direct.—ED.]

Tuberculin Reactions.

EDITOR MEDICAL WORLD: — I much enjoy reading your journal—it is *concise*, and to the busy man, that counts.

Will you give me the best method of testing a patient for tuberculosis? I have tried the von Pirquet, the tuberculin O, which has proved to me to be very unsatisfactory. Now give me in your judgment the best. W. H. HANNUM.

Levels, W. Va.

[We would not care to go on record as saying that any of them are "the best." Up to the present time about all that can be said of all of them is that the results of experimentation "suggest that there exists a definit tho not constant relation between tuberculous foci in the body and the inoculation of tuberculin by various means." A vast amount of work has been done in the effort to establish their significance and relativ value, and the literature is voluminous. It is enuf for us that the reaction is occasionally produced in non-tuberculous subjects, and that it is occasionally absent in patients demonstrably tubercular. We have found the von Pirquet satisfactory.

You would enjoy reading "Pulmonary Tuberculosis," Bonney, publisht by W. B. Saunders Company, Philadelphia, Pa., 918 pages, price, $7.

"Tuberculin in Diagnosis and Treatment." By Louis Hamman and Samuel Wolman. New York: D. Appleton & Co., 1912. Price, $3.

"Sahli's Tuberculin Treatment; Including a Discussion of the Nature and Action of Tuberculin and of Immunity to Tuberculosis." By Dr. Hermann Sahli. Translated from the Third German Edition by Wilfred B. Christopherson. New York: Wm. Wood & Co., 1912. Price, $3.

"Tuberculin Treatment." By Clive Riviere, M.D., F.R.C.P., and Egbert Morland, B.Sc., M.D. Second Edition. London: Oxford Medical Publications, 1913. Price, $2.

"Tuberculin in Diagnosis and Treatment." By Francis M. Pottenger, A.M., M.D. St. Louis: C. V. Mosby Company, 1913. Price, $2.50.—ED.]

Literature on Arteriosclerosis.

EDITOR MEDICAL WORLD:—I am preparing an article on arteriosclerosis for our medical society here and desire to make it as complete as possible. Can you refer me to any literature on this subject, either in book or pamphlet form?

Ellwood City, Pa. SILAS STEVENSON.

[You will not wish to prepare a paper along this line without going into the matter of blood pressure, and you will find the following books of benefit: "Clinical Study of Blood Pressure," Janeway, publisht by D. Appleton & Co., New York, N. Y., price, $3; "Heart Disease and Blood Pressure," Bishop, publisht by Funk & Wagnalls, New York, N. Y., price, $3; "Therapeutics of the Circulation," Brunton, publisht by P. Blakiston's Son & Co., Philadelphia, Pa., price, $1.50; "Blood Pressure," Faught, publisht by W. B. Saunders Company, Philadelphia, Pa., price, $3. Directly upon your subject you will find "Arteriosclerosis," Warfield, publisht by C. V. Mosby Medical Book Co., St. Louis, Mo., price, $2. Every modern work on medicin has more or less space devoted to this subject.—ED.]

Sexual Impotence.

EDITOR MEDICAL WORLD:—I am asking you and the readers of THE WORLD for help in my own case. I am a practising physician and one of those unhappy victims of impotence because of an inability to get an erection.

Personal history is about this: age, 51; married; father of 6 children, all healthy. I am physically a type of perfect manhood, 6 feet tall, weight 170 lbs.; wife healthy. Her weight 140 lbs., 34 years old.

I never was sick and have never had any venereal trouble of any kind. Married 18 years.

Am temperate in all my habits and have always been. Have had copulation about twice a week. For the past 14 months have not had erection to exceed once a month, and then only very feeble. Ejaculation in this time is always premature. Have tried the usual twice-a-week with the usual result—premature ejaculation and failure. Have often practised onanism to prevent conception.

My organs are all well developt. My practise is very heavy.

I would be grateful to anyone who can help me to regain my normal "manhood" if there is any hope for one with this history. MONTANA.

[You are probably approaching that age, for you, which means a lessening of sexual activity. Very many men would consider "twice a week" copulation excessiv at an age much younger. Simply give up the idea that it is necessary for you to cohabit "twice a week," and give your generativ organs a rest. Strychnin and ergot will improve quality of erections, but do not let your mind dwell upon this factor. It will not injure you in the least to go a month or so without copulation, and if you do so, and take the medicins suggested above, we think you will "waken up some morning" as potent as you ever were. But, remember, do not go about seeking to stimulate an erection and subsequent copulation when the desire does not absolutely

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urge. Simply wait and permit nature to recuperate.—ED.]

Regarding Consultation.

EDITOR MEDICAL WORLD:—Having been a reader of your excellent monthly for several years, and reading with interest and profit your very good advice, I wish to ask you the following:

May I, without injuring my medical standing from an ethical standpoint, allow an osteopath to treat a case of mine or I prescribe for a case of his or meet him in council and advise or treat the case as I may deem best?

Will greatly appreciate reply to this if I may trouble you so much, assuring you my hearty thanks for your opinion. MISSOURI.

[We have long advocated a closer co-operation between the medical profession and the osteopaths. We have urged this in the interest of the patients; and this relation would also broaden both the medical profession and the osteopaths.

Whenever you have a patient that you think needs osteopathic treatment, we think it very proper for you to ask an osteopath to see the patient with you, and give the mechanical treatment that you and he think proper.

On the other hand, when an osteopath should ask you to see one of his patients with view to giving medical treatment, we think it very fitting that you should respond and give such treatment.

The above may rub against the prejudices of some physicians; nevertheless we think that the above course is proper to pursue in the interest of humanity; and we do not think that the dignity of the medical profession would suffer thereby. Whether or not the above might be construed as "consulting with osteopaths" we will not split hairs to decide. We do think, as we have frequently urged in these columns, that patients needing mechanical treatment should be so treated; and if the physician is not able to do so, from lack of knowledge, experience or time, he should invite the co-operation of one who has these requisits—this in the service of the patient.

Of course, there are differences in osteopaths as there are differences in physicians. Some osteopaths are high-class men, and some quite the reverse. The same might be said (regretfully) of the medical profession. A great deal would depend upon the kind of osteopath you co-operate with—his ability, character and personal standing.—ED.]

Guaiacol has been used as an antipyretic for a number of years in typhoid and malaria. Thirty drops may be rubbed into the skin two or three times a day for this purpose. If more than 45 drops are used at one time alarming depression follows. It has also been used to relieve painful rheumatic states, sciatica, erysipelas, infected wounds, orchitis, epididymitis, etc. One or 2 drops mixt with steril oliv oil may be injected endermically to produce local anesthesia. A 10% solution in oliv oil has been applied to burns to relieve pain.

MY DEAR DR. TAYLOR:—It gives me great pleasure to renew my subscription to the best all-purpose medical journal in the world—no exceptions. I take several others, but THE WORLD is always as welcome as a letter from "old folks at home." Trust the genial influence of THE MEDICAL WORLD may be felt long after you and I have passed to our reward.

Shobonier, Ill. TRALL B. CHILDS, M.D.,
St. Louis College of P. and S., Class of 1889.

MEDICAL FRAUDS.

Baughn's Pellagra Remedy.

EDITOR MEDICAL WORLD:—I send you self-explanatory literature [Baughn's pellagra remedy.—ED.] sent to a patient of mine. Isn't there some way of exposing this nefarious swindle, which is using the mails to defraud sick folks?

Olustee, Okla. J. S. STULTS.

[Yes, here is the expose:

"Pellagra Cured!" in letters an inch high, is the title of a gaudy-covered booklet sent out by "Dr. G. P. Baughn—American Compounding Co., Jasper, Alabama." The "cure" in this instance is "Baughn's Pellagra Remedy." Like every quack—if we are to believe their statements—Baughn "searcht and searcht" until he "had found in nature's laboratory the balm that heals"! And now: "I offer the cure to the world"—price, $10.

"Dr." Baughn, by inference, claims to be a physician. "My knowledge of medicin," says he, "enables me to diagnose those conditions [of pellagra] accurately." As is often the case, the banks are used as an asset to quackery. In the Baughn Booklet the Central Bank and Trust Company of Jasper testifies: "We are acquainted with Mr. G. P. Baughn, of the American Compounding Company, and know him to be thoroly reliable." It says further, "We do not hesitate to say that he, as well as all other members of said company, will carry out any contract they make." The Central Bank and Trust Company ought to know, as its president, H. W. Cranford, is apparently a co-partner in Baughn's quackery, his name being given as vice-president of the American Compounding Company. The bank's vice-president, W. C. Clark, is president of the American Compounding Company—truly a beautiful combination!

Letters sent out as late as July, 1913, give the following as officers and directors of the American Compounding Company: W. C. Clark, president and director; H. W. Cranford, vice-president and director; J. H. Bankhead, Jr., secretary, treasurer and director; A. F. Fite, director; G. P. Baughn, director.

The later stationery has, in addition to these names, that of Dr. A. L. Hendon, "Medical Director." According to our records, A. L. Hendon is not a graduate of any medical college, but seems to be licensed to practise medicin in Alabama. Needless to say he is not a Fellow of the American Medical Association or a member of his local society. So far as G. P. Baughn is concerned, in spite of the fact that he terms himself "doctor," claims to be able to diagnose diseases and to have studied medicin, our records—and they are exceedingly complete—fail to show that any man of this name was ever graduated by a medical college or licensed to practise medicin. Certain it is that G. P. Baughn holds no license to practise medicin in the state of Alabama.

A ten-dollar "treatment" of Baughn's pellagra remedy was sent to the American Medical Association by the State Health Officer of Alabama, Dr. W. H. Sanders, who askt that the stuff might be analyzed and the public given the information. Dr. Sanders reported that the sale of the "cure" in pellagra-ridden districts was hindering the efforts of the medical profession in its campaign of sanitary enlightenment, looking to the prevention of pellagra. As in all such cases, the exploitation of worthless "cures" causes the general public to take the attitude that it is unnecessary to change one's method of living or subject one's self to minor inconveniences to prevent a disease that can be "positivly cured" by Dr. Quack's Specific.

The nostrum sent in by Dr. Sanders was in powder form and in two bottles. One bottle was labeled "Prescription No. 1, For Internal Use"; the other, "Prescription No. 2, For External Use." "Prescription No. 1" consisted of black powder in capsules; "Prescription No. 2" was a coarse, mustard-colored powder, loose in the bottle.

The chemist's report follows:

Chemist's Report.

The specimens of Baughn's pellagra remedy, submitted to the Association's laboratory for examination, were contained in two separate bottles. One bottle contained a number of capsules and was labeled: "For Pellagra and Nothing Else—Full 30 days' treatment—$10.00—Prescription No. 1, For Internal Use, Manufactured and Guaranteed Under Food and Drugs Act, June 30, 1906. Serial No. 48970, by American Compounding Co., Jasper, Ala-

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bama," and contained capsules. The other bottle contained a yellow powder and was labeled as above, except for the modification "Prescription No. 2, For External Use."

The capsules of "Prescription No. 1" contained a black and very poorly mixt powder along with particles of straw and "dirt." The average weight of the contents was 0.50 gram (about 7½ grains) to each capsule. As nearly a uniform sample as possible was analyzed with the following results:

Qualitativly the presence of charcoal, iron [traces of aluminum and magnesium], quinin and sulfate was demonstrated. The iron was present in both ferric and ferrous forms. The following quantitativ composition was found:

Carbon	12.5%
Iron (Fe)	25.9%
Sulfate (SO4)	43.5%
Quinin	1.7%
Water (loss at 120° C.)	3.3%
Alumina (Al2O3)	0.1%
Undetermined	13.0%

From the examination it is concluded that Baughn's pellagra remedy, "Prescription No. 1" consists essentially of charcoal, 13%; quinin sulfate, 2%, and impure iron sulfate, chiefly basic ferric sulfate, 85%. Accordingly each capsule contains quinin sulfate, 1/6 grain; charcoal, 1 grain, and impure iron sulfate (basic), 6½ grains.

Examination of the "Prescription No. 2, For External Use," showed the yellow powder not to be readily soluble in water, but readily soluble in acidulated water. The powder was not uniform in composition and from it crystals and even lumps (later proved to be sodium chlorid) could readily be separated mechanically as well as particles of straw and "dirt." Qualitativ examination indicated the presence of iron, both in the ferrous and ferric condition, sodium, sulfate, chlorid and a small amount of a substance volatile in steam which was not identified. Quantitativ determinations made on a representativ sample gave:

Iron (Fe)	21.5%
Sulfate (SO4)	41.4%
Sodium chlorid (NaCl) (calculated from chlorid determination)	26.6%
Undetermined	10.5%

From the physical properties of the powder and from the analytic data obtained it is concluded that Baughn's pellagra remedy, "Prescription No. 2, For External Use," consists approximately of sodium chlorid (common salt), 1 part, and basic iron sulfate, 1 parts.

The label on Baughn's Pellagra Remedy, "Prescription No. 2," directs that three tablespoonfuls be taken with one quart of warm water and the solution so obtained be used. To determin the composition of the solution so obtained, three tablespoonfuls (about 55 gm.) were well shaken with 1 quart of warm water and this allowed to stand for three days. Examination of the supernatant solution showed each 100 c.c. to contain approximately 1.4 grams (21 grains) of sodium chlorid and 2.7 grams (40 grains) of basic ferric sulfate (Monsel's salt). This is equivalent to about 7 grains of common salt and about 14 grains of Monsel's salt to each fluidounce.—*Jour. Amer. Med. Asso.*

There are other pellagra fakes, as you can find in April, 1912, WORLD, page 170, and October, 911, page 415. Our readers should keep themselves acquainted with the many frauds we have exposed. Consult the yearly indexes for them.—ED.]

Fulton's Diabetic Compound.

EDITOR MEDICAL WORLD:—In the February WORLD, page 75, you make reference to a former publication in answer to a query on Fulton's diabetic compound. I would like to read the opinion passed on it in that issue. S. A. BRUNNER, M.D.

Krumsville, Pa.

[John J. Fulton Co. state in their circulars that:

Fulton's diabetic compound is a combination of the desirable principles of chimaphila, eupatorium, taraxacum and other herbal diuretics and correctivs, carrying small quantities of sodii boras and sodii nitras, both of the latter in less than half the physiologic doses. * * * Fulton's renal compound is a combination of the desirable principles of triticum, chimaphila, spiræa and other herbal diuretics and correctivs, carrying small quantities of sodii boras and sodii nitras, both of the latter in less than half the physiologic doses. The physician will see from the above that there is nothing to affect the heart, and that it can be aided *ad libitum*.

They also send you printed matter for you to carry to your druggist so that he will be aided in his counterprescribing of their nostrums, and *they promise him 80% profits*, which "is not so bad in a dull season." If they can give the druggist 80% profit, and make a good enuf thing out of the balance of what they filch from the credulous public to keep up an expensiv advertising campaign, the cost of drugs having the therapeutic powers of curing incurable organic diseases must be very low on certain sections of our western coast.

We wonder if there is a single doctor in this broad land big enuf a fool to carry their circulars to a druggist and coax him to stock their stuff and begin counterprescribing. Their circulars are full of letters from all over the U. S., from druggists who detail their success in counterprescribing. If one be credulous enuf to place faith in the assertions made in these circulars, he will believe that a cure of nephritis or diabetes is almost certain, if these combinations are ingested before the last breath leaves the body.—ED.]

Bradford's Obesity Cure.

EDITOR MEDICAL WORLD:—Will you please give me the formula of Dr. Bradford's A. C. special tabs. for obesity, manufactured at 20 East 22d St., New York? L. F. FERGUSON, M.D.

Lena, Miss.

[We described this material in January, 1913, WORLD, page 42.—ED.]

Gauss' Catarrh Treatment.

EDITOR MEDICAL WORLD:—Would you kindly tell me the ingredients of this man's dope (Gauss' catarrh treatment)? W. MACKAY.

Vonda, Sask., Canada.

[We received the following from the American Medical Association:

Gauss' catarrh cure probably differs but little from other fakes of the same kind on the market. Gauss does business in the typical mail-order fake style by means of a "free trial treatment" and a series of "follow-up" letters. He first asks $5 for what he calls his "compound treatment," and if the victim does not buy, gradually reduces his price until it reaches $2. A firm in New York City, which makes a business of buying and selling letters that have been sent in by deluded people to "patent-medicin" concerns, has, or had, on sale over 98,000 letters from C. E. Gauss of the vintage of 1903-4.

We regret that we cannot furnish the list of ingredients.—ED.]

Viavi.

EDITOR MEDICAL WORLD:—As some of my patients seem to be very much interested in the viavi treatment, and as I am of the opinion that it is probably another fake, and as I am not in a position to properly advise and feel that you are, I therefore solicit your advice. I have learnt that they have an office at 912–918 Colorado Bldg., 14th and G Streets, N. W., Washington, D. C.

Levels, W. Va. W. H. HANNUM.

[Viavi was described in October, 1912, MEDICAL WORLD, pages 452–454.—ED.]

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Koskott for Baldness.

EDITOR MEDICAL WORLD:—Did you write up these people once or are they reliable?

Tacoma, Wash. DR. F. W. SOUTHWORTH.

[See MEDICAL WORLD, May, 1912, page 213.—ED.]

What is Enserol?

EDITOR MEDICAL WORLD:—A patron of mine handed me the inclosed pamphlet and askt me what I thought about the prescription given. Not knowing about Fl. Enserol, I thought I would refer the matter to you. Thanking you in advance for any information given, I am, B. CLYNE.

Yale, Mich.

[We have not been able to learn anything about enserol.—ED.]

AUTOMOBILE TALK.

There are many varieties of automobiles on the market and it seems that new ones are coming forward very frequently. A great many of them are known to be good cars; some have the reputation of being poor quality, and the new ones have yet to make good. The following letter shows a satisfied auto owner and tells what he has to offer to "the family":

EDITOR MEDICAL WORLD:—I got real interested in the March WORLD in regard to the "Automobile Talk." I believe a lot of trouble is caused by abuse and carelessness. In November, 1912, seventeen months ago, I bought a Flanders touring car that had been run 2,000 miles. In the seventeen months that I have had my car it has averaged me $13.56 a month, while before, I kept a horse at the livery stable at an upkeep of $18 to $19 per month. I use my car every day of the year. I have kept account of every cent I have spent on it since I purchast it. This includes $7 for fixing barn, $10 for putting puncture-fix in tubes, 10 gallons of lubricating oil, 4 casings, 3 inner tubes, tire chains, washing car, repairs, had cylinders taken out twice and cleaned, grease, gasoline (16 cents a gallon), batteries, blow-out patches, and one inner liner. The only thing I do to it myself is oil and grease it. The only repairs I have needed were cylinders cleaned twice and a few adjustments to the carburetor. In a few weeks I expect to have my car painted and top fixt up for $35, and engine overhauled for $20, and I will have a nice new car again. For everyday use the year around I don't believe this can be bettered any.

Denison, Texas. J. F. STEIN.

The doctor and his car have done well. The following letter presents both sides:

EDITOR MEDICAL WORLD:—Would you kindly publish the following letter?

The "Automobile Talk" is keenly interesting. Allow me to express my opinion concerning what is the most economical doctor's car. In 1912 I purchast an R. C. H. touring car and found it unsatisfactory from start to finish, the upkeep of it practically eating up my monthly income. The tires seemed to be the best part of the car.

In 1913 I purchast a Cole touring car and have driven it over 4,000 miles and have never so far had a repair bill to pay. For climbing hills it can't be beat, and, take it all around, I think it is the most dependable car a doctor could have for his hard-earned money. H. INBERG.

Monessen, Pa.

* * *

We askt our readers for their experience with solid tires, and the following letter speaks well for them. We would like to hear from others on the subject.

EDITOR MEDICAL WORLD:—Information was requested from those who had used solid tires on their automobiles. I have been using them on the same car I purchast and have run over seven years, night and day, summer and part of winter when the weather was fit, and have traveled many thousands of miles. Have worn out only two sets of tires, notwithstanding we have miles of flint pikes. If I had to use pneumatic tires, with the concomitant troubles from punctures, blow-outs, etc., I should most likely quit using autos and depend upon "old Dobbin" to visit the sick and administer to their comfort.

My car is a Cadillac runabout, ten horse power, model for 1907, and apparently runs as easily, and engine works as nicely, as seven years ago, which is contrary to the fallacious idea that solid tires would jolt the machinery to pieces. The spider in center of axle crackt, and I had a local machinist to double its strength by adding an extra part. I never had the mortification of being towed in but once in all these years, and then the electric coil gave out.

Olney, Md. CHAS. FARQUHAR, M.D.

We believe our large family of readers can add to this testimony regarding solid rubber tires.

* * *

Automobiles do break down occasionally. When any one invests a large sum of money in a piece of machinery he expects good workmanship and material, and is entitled to it. Some automobile manufacturers buy parts of their automobiles from other manufacturers, among them being wheels, axles, car bodies, tops, magnetos, motors, etc. The following clipping from the Philadelphia *North American* of April 25th shows that the maker or assembler of the car is responsible legally for the car he turns out and sells:

SYRACUSE, N. Y., April 24.—A jury in the United States Court decided to-day, in effect, that the occupant of an automobile who is injured by the breaking of a certain part of the car can recover damages from the company which assembled and sold the automobile rather than from the manufacturer of the part that broke.

On this ground the jury awarded $8,000 damages to E. Wells Johnson, of Amsterdam, N. Y., against an automobile company of Detroit.

Johnson sued the company to recover damages for injuries received in 1909, when a wheel on his automobile broke and the car turned turtle. The company contended that if any one was liable, excepting the plaintiff, it was the manufacturer of the wheel.

This was a test case, and the outcome was awaited by automobile makers thruout the country.

* * *

When the cylinders of an automobile get well lined with carbon the machine loses about 15% in power. To remove it machinists have heretofore taken the cylinders apart and scraped out the carbon. Recently it has been found that oxygen will remove it. Oxygen is now being used by drawing peroxid of hydrogen in thru the intake manifold while the motor is running. If too much peroxid is taken in thru this means at one time

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ıere is a possibility of filling the carburetor with ater, which will block the passage of gasoline. o avoid this possibility the motor should be kept ınning quite rapidly and the peroxid fed in very owly. Perhaps it would be better to draw in ıre nascent oxygen gas generated from a flask.

J. C. R.

CURRENT MEDICAL THOUGHT.

Instructions for Writers.

We print the following letter showing the forts of the profession to set aright the roneous views of antivivisectionists. We ike a broad view of all efforts for the alleiation of sickness and bear in mind the ıfferings of humanity, which must never e neglected or overlookt.

My Dear Doctor:—The Bureau for the Protecon of Medical Research of the American Medical ssociation is desirous of obviating as completely possible any cause for complaint against animal perimentation, as well as any criticism of new ethods in medical practise. Much of the "evi-ence" cited by hostil agitators is taken from arti-es in journals devoted to the medical sciences.

Instances are frequently cited in which it is aimed that, as there is no mention of anesthetics, ıimals have been experimented on without anes-ıesia. Well-known methods of medical diagnosis e described as experiments, because authors have ıen careless in their descriptions.

Will you not aid the efforts of the Council by a ry careful exmination of articles submitted to ou for publication, with special reference to the e of words or expressions likely to cause mis-ıprehension regarding the experience of the ani-als used for research? And in every instance in hich anesthesia is a condition in the investiga-on, will you not point out to authors the impor-nce of making this fact prominent? In clinical ticles which discuss new or unusual methods of agnosis and treatment, it is important to make ear that these methods are undertaken with the nsent of the patient or his relativs. This is es-cially important in connection with children. e hope that by the co-operation of all who are terested in the promotion of medical science, the velopment of a public opinion hostil to medical search may be checkt, and that there may be, stead, a growth of popular understanding of the ms, the methods and the significance of the re-lts of animal experimentation and their practical plication in the relief of suffering in man.

Thanking you for any assistance in securing ese results, I am,

Very truly yours,

Walter B. Cannon,
Chairman Bureau for the Protection of Medical Research.
epartment of Physiology, Harvard Medical School, Boston.

Defence of Vivisection and Animal Experiments.

At a recent meeting of the Nottingham County anch of the Research Defence Society, the ishop of North Queensland defended animal ex-erimentation vigorously, and claimed that the tri-mphs in medical research so obtained had so far-aching an effect on the English people that it would be difficult for them to realize what England would be without them. He expatiated on goiter, tropical diseases, dengue, beriberi, filariasis, and so on and showed the advances in health that had been obtained by such investigations. The Bishop demanded, in the name of the people, the very best opportunities of every possible sort for studying and possibly discovering what might ultimately be of untold benefit to humanity.—*Maine Med. Jour.*

American Medical Editors' Association.

On June 22d, at 9 A. M., this Association will meet at the Marlborough-Blenheim Hotel, Atlantic City, N. J., under the presidency of Dr. E. A. Vander Veer, of Albany, N. Y. Among the papers are the following:

"President's Address," E. A. Vander Veer, M.D., Albany, N. Y.

"Relation of the Medical Press to the Cancer Problem," by Mr. Fred'k L. Hoffman, Statistician of the Prudential Insurance Company, Newark, N. J. (By invitation.)

"The Things That Count in Medical Practise," by H. Edwin Lewis, M.D., New York.

"Ideal National Medical Journal: What It Should Be and What It Should Not Be," by W. J. Robinson, M.D., New York.

"Two Problems of the Organization Journal: The Mediocre Paper and the Editorial Department," by Sarah M. Hobson, M.D., Chicago, Ill.

"Medical Journalism as a Local and as a National Proposition," by Thomas S. Blair, M.D., Harrisburg, Pa.

"Medical Books and Journals," by T. D. Crothers, M.D., Hartford, Conn.

"The Medical Periodical and the Scientific Society," by F. H. Garrison, M.D., Washington, D. C.

"Editorial Experiences," by A. L. Benedict, M.D., Buffalo, N. Y.

"The Special Medical Journal," by A. Bassler, M.D., New York.

"The Medical Profession and Its Influence from a Buying Standpoint," by Joseph MacDonald, Jr., M.D., New York.

"The Preparation of the Original Article and the Editor's Latitude," by E. Franklin Smith, M.D., New York.

"He Among You Who Is Without Sin Shall Cast the First Stone," by Erwin Reissmann, M.D., Newark.

Heat and Infant Mortality.

At the meeting of the American Association for Study and Prevention of Infant Mortality, Dr. J. W. Schereschewsky, of Washington, D. C., said that the most significant phenomenon in connection with the mortality of infants is the great increase of their deaths in the summer months. This increase is most markt in countries where the winters are cold and the summers hot. It may be absent in lands where the summers are habitually cool or in the tropics where there are but slight variations in the mean temperature thruout the year. In countries with cold winters an increase in infant mortality is perceptible whenever the mean temperature rises above 20° C. (68° F.). The deaths of infants show a striking parallelism with the curve of maximum temperatures, being numerous when the daily maxima are high and diminishing where they are low. This parallelism is most strikingly manifest in the first part of the summer. This phenomenon, however, holds good

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only when we compare the total infant deaths with the temperatures. On the other hand, when the deaths from intestinal diseases alone are compared with the maximum temperature, the early summer heat brings no great increase in their number. The death-curve from these diseases lags behind the curve of maximum temperatures to rise with almost explosiv violence later in the summer, reaching its apex in July or August, according to the locality, and slowly declining thru September and October. From 80 to 90% of the infants dying from intestinal diseases are artificially fed.

The great summer mortality of infants can be explained by three hypotheses: the infants are killed: (*a*) directly by the heat; (*b*) by the action of stale or dirty milk and the contained bacteria, or (*c*) by specific infections.

The action of heat as a direct cause in the death of infants has hitherto been greatly underestimated. The lethal action of heat is a function not so much of the maximum and mean temperatures of the external air as of the indoor temperatures. The action of dirty and stale milk in causing the death of infants, while undoubtedly a contributory factor, has been given an importance which has overshadowed other factors of equal or greater significance. There is evidence to show that a certain proportion of infant deaths is due to specific infections, in the dissemination of which contact infection and flies doubtless play a part. As a result, future activities for the prevention of infant mortality must concentrate themselves to a greater extent on the question of housing, especially with respect to the factors of overcrowding, narrow streets and presence or absence of thoro ventilation. The general public should be educated as to the importance of these factors in causing infants' deaths, and especially as to measures which will prevent children from suffering from the heat. Breast-feeding must still be regarded as a most, if not the most, important factor in reducing infant mortality.

Dr. T. B. Cooley, of Detroit, said that it is a very striking fact that almost the only thing which has been done that has had the effect to lower summer mortality has been the improving of housing conditions rather than improvement in the milk conditions. Housing conditions, heat, moisture, etc., inside of the house, and summer hygiene, aside from the question of feeding, must be attackt first. He thinks that a great deal of harm has been done by over-emphasis on bad feeding. Many practicians still believe that summer diarrhea is due to bad milk. So long as the profession continues to attribute summer diarrhea to that cause, not enuf attention will be paid to the other causes of high summer mortality of infants.

Dr. Herman Schwarz, of New York, said that we want not only good milk, but we want everything else that is good. Dr. Cooley certainly means that we should have pure milk, and he agrees with him that pure milk is not the only thing. We need proper housing and adequate ventilation. In certain towns where the wind was in a certain direction, summer mortality was not known. As long as our houses are built as they are, block on block, we shall have summer infant mortality. We have not had enuf cases yet to talk about. If there is a high temperature in the beginning of the summer, say in June, it will be found that infant mortality will be greater in July and August than it would be if June were not so hot. Those children have something in the beginning that reduces their vitality, and later on they cannot resist the heat and they die under even less heat as a result of the continued tax.

Dr. F. W. Pinneo, of Newark, N. J., said that when they started a rather extensiv infant-consultation service in Newark, many of the infants that came the first summer had diarrhea and continued to have it in spite of what was given them. The next summer very few came with diarrhea, and during the past two summers they hardly ever had a case of diarrhea. He believed that the diarrhea at first was due to the fact that the babies had been fed improperly and with poor judgment. The main thing is to feed the infant correctly from birth. We have emphasized in our work that at the first approach of warm weather the feeding must be cut down.

The Value of Fruit Juices for Children.

While most fruits are composed largely of water, in some instances as much as 90%, they still have a food value, largely of starch and sugar. The sugar most abundant in fruits is levulose, or fruit-sugar, which is sweeter than other sugars, and is more easily digested and assimilated than cane-sugar. Fruit-sugar is a predigested food, which is readily assimilated into the blood and speedily becomes effectiv for nutritiv purposes.

Fruits are rich in salts and acids. The salts of potash predominate, but salts of soda, lime, iron, phosforus, sulfur, magnesium, manganese, etc., as well as sodium chlorid or common salt are also found. Earthy salts are scarce; hence fruits can usually be given with impunity to those who suffer from degeneration of the blood-vessels. The pleasant, cooling, refreshing properties of fruits are largely due to the acids. Citric acid, one of the most common, as well as one of the most wholesome, is abundant in lemons, limes, citrons, oranges, and grape-fruit. Tartaric acid (in grapes) also produces cooling and refreshing effects.

Most fruits, when properly ripened and eaten under favorable conditions, including proper mastication, give little digestiv trouble. Fruit juices are most easily digested and assimilated since their chief contents besides water are fruit sugar, salts and acids. Many persons invite indigestiv trouble by mixing fruit, particularly acid fruits, with milk foods, or by mixing fruits and vegetables. Fruit, either fresh or stewed, always goes well with nuts, breadstuffs, and cereal preparations. It does not assist digestion to eat too large a variety of fruits or other food at the same meal.

Most difficulties with the digestibility of fruit are due to eating it when unripe or overripe. It is poor economy to buy fruit which is "green" or is "going." Better pay a little more and get perfectly fresh, sound fruit, and avoid danger of colic or diarrhea. Fruit should be eaten at mealtime with other food. Eating between meals or at irregular times is apt to upset the digestiv organs.

There is scarcely a drink more refreshing than freshly made lemonade. The larder should always contain lemons. Lemonade, taken fresh, is excellent for those who are developing a cold in the head. Orangeade and the juice of fresh grapes, cherries, blackberries, gooseberries, grapes, pineapples and apples make delicious drinks, which can be taken with impunity. C

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uit drinks are most refreshing and cooling to ver patients. Such drinks are always accept- le, and they help lower the temperature and leviate symptoms.

Non-alcoholic grape wines make a splendid nic for children suffering from anemia, nerv- is debility, neurasthenia and other disorders. ature's aperient consists of laxativ fruit taken eely with meals. The more effectiv laxativ uits are figs, prunes, grapes, raisins, currants id dates. The ripe oliv is also a very efficient xativ.—*Pediatrics.*

EXAMINATION QUESTIONS.

Ohio, June 2-5, 1913.

OBSTETRICS.

1. State your views with reference to examina- ons and what you would expect to learn by them.
2. Name some of the causes and give treatment of morrhage after labor.
3. How would you distinguish one shoulder from e other, when the hand and arm cannot be reacht?
4. Outline general scheme of treatment for per- ntent and pernicious vomiting of pregnancy.
5. Give diagnosis and management of the third sition of the vertex.

Answers.

1. *Examinations.* "A general examination should e made as early in pregnancy as possible, especially the heart and lungs, because pregnancy has an portant relation to diseases of these organs. Ob- tric examination is usually unnecessary until the venth month, when the fetus is viable and of suf- cient size to be readily palpated. At this time both a abdominal and vaginal examination is required. bdominal examination should include inspection, alpation, and auscultation. The discovery of any bnormality will permit at this time of proper con- ideration of both mother and child. Practise in alpating the fetal head will often aid the attendant a confirming or denying the patient's history as to he duration of the pregnancy. The position of the tus, however, is not yet sufficiently fixt, and, there- ore, a second abdominal examination should be made the middle of the last month. It is inadvisable conduct a patient thru pregnancy without at ast one vaginal examination, which is best done at he first abdominal examination. A second examina- on in the last month is not always essential, but ften the relations of the fetal head to the pelvis may etter be determined in this way, and thus enable he attendant to more confidently begin the conduct f labor.

"An internal exploration is advisable in all cases s a part of the preliminary examination; in women regnant for the first time and in others whose bstetric history leads to suspicion of pelvic deformity, is imperativ. The objects are to learn the con- ition of the soft parts—vulva, vagina, cervix, espe- ially in multigravidæ—to confirm the diagnosis of resentation and position, to detect a possible vicious nsertion of the placenta, and to determin the apacity of the bony pelvis.

"*During labor.* Before examining internally the ands must be disinfected. This part of the ex- mination aims to determin the condition of the ulva, the vagina, the cervix, and the bony pelvis, nd to verify the diagnosis of fetal presentation and osition as made out by the abdominal examination. ossible anomalies of the fetus, too, that may com- licate the labor should be recognized. The resistance ikely to be offered at the vulva as the head descends, he lubrication of the vagina, the degree of dilatation f the cervix, the thickness and consistence of the ervical border, the presence or absence of injuries ustained in former labors are to be noted.

"A surgically clean internal examination entails lit- le or no risk of infection. Yet abundant statistics ave shown that the best puerperal results are ob- ained when it is possible to refrain wholly from nternal interference. All unnecessary manipulations ithin the passages should be avoided. If a thoro ntepartal examination has been made, a single va- inal examination during the first stage of labor rill usually suffice. This is generally advisable to ake sure that the cord or an arm has not prolapst nd that no other complication has developt. Should ny irregularity be detected repeated examinations ay be required.

"It should be a routine practise to make a bimanual examination of the pelvic organs in the third or fourth week of the *puerperium.* The object is to determin the presence or absence of injuries of the vagina or cervix, the degree of uterine involution, and the possible existence of retrodisplacement of the uterus or other abnormal conditions." (Jewett's "Practise of Obstetrics.")

2. POST-PARTUM HEMORRHAGE. *Causes:* Anything interfering with the firm contraction of the uterus after the expulsion of the child; retained placenta, or membrane, or clots; weakness of the uterine muscle; rapid labor; delayed labor; poorly developt uterine muscle; inflammation or disease of uterus.

Treatment: Grasp the uterus at once, thru the abdominal wall, and massage it firmly. Anything in the uterus should at once be cleaned out. Pass one hand into the uterus, and with the other on the outside make firm pressure. A hypodermic of ergotin or ergot can be given by an assistant. An intrauterine douche of hot sterilized water (about 115° F.) may be given. Sometimes a very thoro packing and plugging with gauze of uterus and vagina may be necessary. Whatever is done must be done promptly; and everything likely to be needed for this emergency should be prepared beforehand in every labor.

3. When the hand and arm cannot be reacht, the physician should find the axilla; this points toward the child's feet.

4. *Pernicious vomiting of pregnancy.* "The treatment consists in rest in bed in a quiet, darkened room and the administration of easily digested foods, such as milk, broths, eggs, etc. A careful search must be made for some local exciting cause, and if any such condition is found, it should receive appropriate treatment. Sexual intercourse should be interdicted. The bowels should be kept freely open. Sodium bromid, camphor, cocain, silver nitrate, cerium oxalate, hyoscin hydrobromid, antipyrin, etc., are among the drugs used internally. Rectal alimentation may be necessary, and, as a last resort, dilatation of the cervix and internal os, or abortion may be performed." ("Pocket Cyclopedia.")

5. The third position of the vertex is the right occipitoposterior.

Diagnosis: "On abdominal examination the striking features are the ease with which the small parts of the fetus can be felt in front, and the fact that the back can either not be made out, or is made out well to the right flank. Auscultation is apt to be very unsatisfactory. Usually the heart is heard round toward the right flank, but owing to the damping down of the sound by the thick muscles, it is but poorly heard. Occasionally it is heard also in front and to the left, owing to the throwing forward of the child's thorax. On vaginal examination one is frequently struck by the ease with which the anterior fontanelle can be felt. The sagittal suture is found in the right oblique, but the posterior fontanelle is high up behind the head if the flexion is imperfect.

Management. "(*a*) *When diagnosed while the head is at the brim.* (1) Leave it alone. The occiput will probably rotate to the front all right if it is given plenty of time. (2) If flexion appears to be deficient, try to increase it by pushing up the sinciput with the fingers in the vagina during a pain, at the same time pressing down upon the fundus with the other hand. (3) The head may be rotated by passing the hand into the vagina and grasping it between the fingers and thumb. At the same time the shoulders must be rotated by abdominal palpation, or else the head will at once go back to its original position. This maneuver generally requires an enesthetic.

"(*b*) *When diagnosed after the head has entered the pelvis.* (1) Leave it alone. After exercising the patience of all concerned, it will probably rotate spontaneously. Only about one case out of twenty fails to do so. (2) An attempt may be made to increase flexion as before. (3) Manual rotation may be attempted as before, but the head must first be flext and gently pusht back out of the pelvis. (4) If the pains are weak, forceps should be applied well back on the head, so that when traction is applied, flexion will be promoted. The head should then be pulled well down on to the pelvic floor. If it begins to rotate, take off the forceps and leave the rotation to nature, merely keeping the head on the pelvic floor by pressure on the fundus. After rotation the forceps may, if necessary, be reapplied and delivery completed.

[The Porter method of manual rotation of the head should be done.—ED. M. W.]

(*c*) When the occiput has definitly rotated into the hollow of the sacrum, and the case has become a persistent occipitoposterior, forceps should be applied and the head delivered with the occiput pos-

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terior. The perineum should be guarded as much as possible, and any tears stitcht up at once. In extreme cases craniotomy and pubiotomy may require to be considered." (Johnstone.)—*Medical Record.*

BOOK REVIEWS.

IMMUNITY. Methods of diagnosis and therapy and their practical application. By Dr. Julius Citron, Assistant at the University of Berlin. Translated from the German and edited by A. L. Garbat, M.D., Assistant Pathologist German Hospital, New York. 2d ed., 256 pages, 30 cuts, 2 plates, 8 charts. Publisht by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa. Price, $3.50, net.

The plates illustrate the positiv von Pirquet reaction, the ophthalmo reaction, and the various doubtful, weakly positiv, positiv, strongly positiv and negativ Wassermann. The avowed aim of the text is to so present the subject that the general medical man, who is even slightly acquainted with laboratory work, can learn the details of the various reactions and their significance. The author was a student of Wassermann, and the editor has followed the German text closely, inserting only a few special features of interest to English reading, so that we have quite as good an exposition of the subject as appears in German. The text has appealed to the profession, as evidenced by its being translated into Italian, Spanish and Russian. The author has not given anaphylaxis any extended consideration. The translator has enlarged upon and inserted material on gonococcus and typhoid complement fixation tests, agglutination and hemolysis tests for transfusion, prophylactic typhoid inoculation, etc. In its present form it has no peer.—A. L. R.

DIAGNOSTIC METHODS. By Herbert Thomas Brooks, A.B., M.D., Professor of Pathology, University of Tennessee. Second edition, revised and rewritten. Publisht by C. V. Mosby Company, St. Louis, Mo., 1914. 76 pages. Price, $1.

A guide for history taking, making of routine physical examinations, and the usual laboratory tests necessary for students in clinical pathology, hospital internes and practising physicians. The text is devised for the convenience of those with limited time to devote to laboratory work, yet who wish to know the up-to-date and absolutely reliable laboratory tests of practical application.—A. L. R.

ROCHESTER AND THE MAYO CLINIC. By George Wiley Broome, M.D. A Fair and Unbiased Story Calculated to Aid Physicians to Greater Cures and Larger Incomes. 152 pages. Publisht by Shakespeare Press, 114 East 28th St., New York, N. Y. Price, $1.10.

The author was a friend of the late lamented Nicholas Senn, and details the esteem in which this surgeon was held by the Mayo brothers. There is much of human interest in the text for the reader who has never visited Rochester and the Mayo clinic. Without saying so in just so many words, the reader inevitably gains the impression that the popularity and fame of the Mayo clinic is well fostered by a competent and tireless press agent. Indeed, he pertinently inquires who furnisht the money to pay for the articles written by Dr. James J. Walsh and others. The financial side of the Mayo firm has a glaring sidelight thrown upon it, and no effort is made to have the reader imagin that the profession is unanimous in expressing cordial feeling toward these successful practicians. We have never seen an article which gives so vivid an impression of how the Mayo "boys" conduct their business, and it is strongly conveyed to us that the writer intends to convey the meaning that the way to "greater cures and larger incomes" lies thru judicious and well-managed publicity for the medical practician. The policies and attitude of the *Journal of the American Medical Association* comes in for a share of caustic comment. It is well worth reading, but we fear that it will not prove a very popular work, since it conveys impressions at great variance from those which we feel are held by the majority of the profession.—A. L. R.

TALKS ON CHRONIC DISEASES, WITH SPECIAL REFERENCE TO MECHANOTHERAPEUTIC TREATMENT. By C. A. S. Sims, M.D., Kansas City, Mo. 1912. Cloth, large 8vo, pp. 276.

This purports to be an effort to give practicians a brief manual of treatment with special reference to mechanotherapic methods. The latter, he tells us, are vibrissage, radiant light and heat, and the coil transformer for high frequency, glass vacuum applications and x-ray diagnosis. He excludes for treatment purposes the Roentgen ray, thus contradicting its recognized status. THE WORLD aims to further every well-planned effort to broaden the field of therapeutics, no matter whence its origin, and especially is this true about original non-drug measures. Regretfully it must withhold approval from the book under review as, in the author's aim at conciseness, he has sacrificed fulness and clearness of detail and, for the affections described, has omitted mention of the oscillator, the far superior d'Arsonval, Tesla, Oudin, ultraviolet and x-ray currents from his coil transformer and those from the sinusoidal and static machines. As for dietetic, hygienic, hydrotherapic and drug references, some of these are antiquated, while mention of other valuable establisht methods are wholly omitted. What is especially censurable is his slight of the Pharmacopeia when advising brands of "hand-me-down" tablets, pills, etc., and his open advertisement in the text of certain drug and instrument concerns. This would almost make the unbiased reader suspect the book to be simply a write-up for these commercial interests.—A. B. H.

PROCEEDINGS OF THE SECOND ANNUAL CONVENTION OF THE AMERICAN ASSOCIATION FOR THE STUDY OF SPONDYLOTHERAPY, 1913. Paper, 8vo, pp. 181. The Ballinger Press, Richmond, Ind. Some copies available at membership price, $3.

That this new element actually is "the most vigorous child of modern medicin" and has reacht the dignity of printed "proceedings" and a monthly organ would suggest innate worth, and the belief is justified by perusal of contents of the small volume. What impresses the reader is that the patients with painful and ofttimes chronic ailments finally relieved by the body reflex methods here discust previously underwent varied drug treatment and had gone from doctor to hospital, and the reverse, without benefit. Another fact shown, in the wide range of functional and organic affections successfully treated, is the attention paid to exact details in description and use of apparatus needed. The busy practician only too well knows how often these minutiæ are lacking, just when most urgently needed, in so-called textbooks. Incidentally, mention of apparatus should not deter one from its study, the cost being relativly small.

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The book may be profitably studied by the family doctor.—A. B. H.

CONSUMPTION A CURABLE AND PREVENTABLE DISEASE. What a layman should know. By Laurence F. Flick, M.D., founder of the Penna. Society for the Prevention of Tuberculosis, etc. Seventh edition, 295 pages. Publisht by Peter Reilly, 133 N. Thirteenth St., Philadelphia. Price, $1.

In this volume Dr. Flick gives very sensible advice to the laity on tuberculosis, based on his many years' experience in treating the disease in private practise and dispensaries. His vast experience at the Phipps Institute, Philadelphia, has given him immense knowledge of the subject. This is a good book for every community, every tubercular patient, and public libraries. Physicians can recommend it to their patients.—J. C. R.

Acknowledgments.

Paraffin Nasal Bridge Building—Technic and Report of Case. By Dr. Eugene L. Vansant, Philadelphia.

National Food Trades Conference, 1914.

Alum in Foods. Bull. of U. S. Dept. of Agriculture, No. 103. Price, 5 cents.

Health and Education.—Penna. Health Legislation of 1913.—Penna.'s Eugenic Marriage Law.—The Registration of Vital Statistics a Social Service.—Relation of Public Health to Industrial Welfare. Publisht by the Penna. Dept. of Health, Harrisburg, Pa.

The Tuberculosis Problem. By Dr. W. G. Dwinell, Providence, R. I.

OUR MONTHLY TALK.

I seldom get this kind of a letter any more:

GRAMPIAN, PA., May 1, 1914.

Please erase my name from your mailing list. I am tired of your talks, or perhaps a better term would be Democratic slush. I fail to see the policy of inflicting your Democratic politics on all your patrons. I must say I always liked the medical part of THE WORLD, but if I want Democratic politics I will read the New York *World*. You will please find inclosed my check in full. Respectfully,

J. A. MILLER.

I answered as follows:

PHILADELPHIA, May 5, 1914.

Dr. J. A. Miller, Grampian, Pa.:

DEAR DOCTOR:—Yours with remittance received. Your remittance pays for 1913 and 1914; and when 1914 has expired we will discontinue sending to you. We are entering a memorandum to stop after December issue, 1914. However, we hope that you will reconsider your decision and decide to remain with us, and renew at that time.

Your letter has been shown to me, and I have read it with interest. If you remember my "Talks" during Roosevelt's administration, you perhaps remember that I commented very favorably upon the same whenever possible, which was nearly all the time. You will also remember that I regarded Mr. Taft very favorably indeed at the beginning of his administration; and at the end of it I did not say the bitter things that most Republicans said. I pickt out the good things, and was glad to commend them.

I believe in standing by the administration whenever possible, as above mentioned. At the present time there are a great many more Democrats in this country than those who voted for Mr. Wilson—if we may judge by favorable comments by newspapers, magazines and citizens of all parties. Really, however, I do not think that standing by the adminstration to a reasonable degree should be considered partisan. Our attitude after the election of a president should be different from that during the campaign preceding. I try to be a patriotic citizen at all times, and not merely a partisan.

My real political work is in a quarterly magazine called *Equity*, a sample copy of which I am sending you. I care much more for the principles promoted therein than for any party.

I hope that you will subscribe for *Equity*, and also that you will not rob yourself of what you agree is a good medical journal on account of a page or two in the back part which is not entirely to your liking, and which you can tear out and discard in your own copy whenever you desire. Very sincerely,

C. F. TAYLOR.

Here are two clippings that show two conditions concerning the distribution of wealth:

WEALTH ALMOST EQUALLY DISTRIBUTED IN KANSAS.

FEW TOO RICH, AND FEW TOO POOR. PER CAPITA VALUATION, $1,743.

TOPEKA, KAN., March 7.—Kansas, with greater per capita wealth than any other state and fewer rich men than almost any other, believes its wealth is more ideally distributed than that of any other state in the Union.

There are many men and women of considerable wealth and many thousands in comfortable circumstances, but there is not a single "swollen fortune." The state's wealth amounts to $1,743 for every man, woman and child within its borders. In January of this year $14,328 was spent for new motor cars on each business day, and $2,820 for second-hand cars. There are almost 36,000 cars in the state, one for each 48 persons.

In the four years the state's inheritance tax was in force it was found that only three-tenths of 1 per cent. of the persons who died left estates worth more than $50,000, and less than 10 per cent. left estates of more than $5,000.

Now look at this one:

Replying to a Parliamentary inquiry as to the number of persons in Great Britain assest for super-tax, the Secretary of the Treasury said: "I cannot undertake to classify in separate divisions incomes exceeding $500,000 a year. The number of persons assest for super-tax in respect to an income exceeding $500,000, according to the latest figures available, is *sixty-six*.

Which kind of distribution represents the greatest social health, which favors the highest individual health and development, and which results in the greatest sum total of happiness? Do you think an income of $500,000 per year usually makes the recipient happy? How many are rendered unhappy, and how many are injured in health, morals and other ways in order to produce it? Who can prove that the $500,000 man is 500 times more industrious or more wise or more able than a $1,000 man? There are great differences in men, but not such a great difference as that. The $500,000 man possesses some advantages that would speedily vanish under a *régime* of "equal opportunities to all; special privileges to none."

Mexico.

I hesitate each month to say much about this subject, because what I might write "in all wisdom" to-night might be "knockt into a cockt hat" by the events of to-morrow. But I do believe that the firm position and patient "watchful waiting" of the administration is a vast improvement on the hasty rushing to arms that has always been the custom of nations in their relations with one another. "Bullies" settle their individual differences by a hasty fight. The sword has never decided anything but *might*. The new statesmanship seeks to decide *right*.

By the withholding of physical conflict, people

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have time to *think*. Not much thinking is done in time of war. That is a time of *action*. It is better to think first and long; and if the thinking is what it ought to be, no war is likely to follow.

In the deliberate waiting and thinking of the present administration, the "lick-all-creation" spirit of Young America is disappearing and a maturer thought is taking its place. There is a tendency now to inquire into the causes of instability in the governments south of us, and to address ourselves to these problems and their solution, instead of thinking of conquest and military domination.

There is a growing sentiment that Mexico, San Domingo and the other Latin-American countries should not be "lickt," but enlightened and led to internal economic conditions that will insure political stability. Nothing conduces to political stability equal to general distribution of property interests, particularly in the soil of a country. It is well known that one of the chief causes of perennial disturbance in Mexico has been the holding of large tracts of land by a few so-called owners, practically without tax, and practically out of use except by labor on conditions that were unjust to the laborer. The peon was robbed of his land and forced to work for a master. Neither a republic nor any form of popular government can rest upon such a basis. The kernel in the dispatches this morning (May 19th) is the following:

The Huerta delegates have conceded privately to their friends that the international phases of the Mexican question are closely interwoven in the internal affairs of their country. The mediators have taken a similar position in their communications to General Carranza, saying that the international and internal questions were inseparable. In fact, they have workt out in a general way a plan which they will submit to all factions.

One feature of it became known definitly to-day. It seeks to eradicate the perplexing agrarian question, by prescribing a division of lands in a way that will be satisfactory to the masses, but its details have not been revealed. Economic questions, however, will not be submitted until a satisfactory agreement is reacht on the political phases.

The administration in Washington is alive to the economic as well as the political phase of the question. Here, only, will a permanent solution be reacht. A stable government in Mexico would attract many of our farmers to that country, and wealth of many kinds would be produced at an amazing rate. This would be the legitimate fruit of a stable and just government. Just land laws would settle the country and develop it, and, in turn, popular education and other civilizing influences would be establisht, all of which would react upon the government, to make it better.

True, these are slow processes, but the Latin-American countries have wasted several centuries because this program has not been followed. They can never thrive on revolutions. Revolutions will continue until the right kind of government is built, beginning at the bottom. The land is the basis. It is time that a beginning should be made. The administration at Washington is constructiv—not destructiv. We have done good construction work in the Philippines, Porto Rico, and helpt in Cuba, and the Canal Strip has been robbed of its dangers to life from disease and disorder. We must and will do what we may to establish better conditions of government, sanitation, etc., in Mexico and the rest of Latin America. I say "do what we *may*," because without political domination we can do only what we are *permitted* to do, and we all hope that will be sufficient. But the good of the Mexican people, and of the people of the rest of Latin America, must be workt out, without wasting more centuries. "Shot and shell" should be used as little as possible in this work, and constructiv help as much as possible. The Panama Canal is an example of constructiv work that can be done under the supervision of the army. This is the best use to be made of that arm of government, but sometimes it must be used for *de*struction, in order that construction may come later.

The time is ripe to establish better conditions in the tropics. In the last decade and a half we have had a portion of that burden thrust upon us, and it has cost us both money and men, but we have attackt the problem in a different way from heretofore, and I think that history will record a bright page for us in this connection. We have banisht yellow fever, greatly restricted malaria, and mitigated smallpox, and that is a good start. But perhaps our work in the tropics has only begun. We must restrain any ambition for the annexation of territory, as such a program would make our work much more difficult from the start. Our motiv must be unselfish helpfulness instead of greed for territory.

Unfortunately, the old style brutal war spirit lingers in some places, particularly where there are selfish interests. A decade or two ago there was much foolish war spirit, but people are rapidly getting too much good, hard sense to follow the war fool or war knave like they used to. One of our oldest subscribers, a very public-spirited man, Dr. A. H. Noon, of Nogales, Ariz., writes: "Hearst, thru his Los Angeles *Examiner* and string of newspapers, has been trying to bring on invasion of Mexico and general war *for over a year*. Hearst & Co. own immense ranches in Chihuahua, and great plantations in Yucatan and other Mexican property, and want war." The Doctor also sends the following original poem:

BATTLE CRY OF OILDOM.

"Rally round the Derrick," boys, rally at this time;
Shouting the battle cry of Oildom.
Rally round Hearst's ranches, rally at this time;
Shouting the battle cry of Oildom.

Murder all you can, boys, steal their lands away;
Don't you know these Mexicans are rightfully our prey?
We're civilized, we're very wise, and God is with us, boys;
So starve them out, and blow them up, and teach them Christian joys.

Wave the Starry Banner, boys; to mediate is wrong;
We want no peace with Mexico; let's show them we are strong;
We need more oil for "Rocky," Hearst wants more land himself;
And other corporations need very much more pelf.

"Rally round the Derrick," boys, is what I ought to say,
But that won't catch the common herd, so wave the Flag, hooray!
Don't accept apologies; don't give the greasers chance;
But light the fires of hate and hell, and see how they will dance.

We want no peace, but just the show to wipe them off the map;
If we can steal all Mexico, why should we care a rap?
Be patriots, boys, and shed your blood, for Rockefeller's good;
And stand by Oil and Millionaires, as by the Flag you've stood.

Chorus.—"Rally round the Derrick," boys, etc.

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The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

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VOL. XXXII JULY, 1914 No. 7

Legislation Against Dispensing.

Our series of vigorous editorials on the subject of legislation designed to interfere with dispensing of remedies by physicians to their patients on their daily rounds of ministration to the sick and injured has awakened many members of the medical profession and medical editors to the possibilities of danger in such legislation. When we started our articles calling attention to these matters very few other medical journals were paying attention to the subject. Now we find various journals, of all "schools," taking up the subject and calling their readers' attention to the potentialities for evil existing in these bills. A number of medical societies have passed resolutions against them and have appointed committees to vigorously oppose all such bills.

All these bills, as is well known, are being pusht by retail druggists' associations and aim to prevent physicians from dispensing remedies so that more prescriptions will fall into the druggists' hands. Instead of directly preventing physicians from dispensing, some bills require so much detailed recording of drugs dispenst, that it is expected by the sponsors of the bills that physicians will ultimately be driven by convenience to write prescriptions rather than continue the laborious and tedious recording of the remedies they dispense. This is undoubtedly what will happen if such bills are enacted. While, perhaps, the doctor need feel no worry over the matter, since the trouble is all the sick man's (or woman's or child's), yet the physician is too sympathetic to be lulled by such a view to acquiesce in that procedure.

We called attention last month to a possible source of trouble to patients seeking medicin at night should the druggist be unwilling to arise and get the medicin at that time. There is no valid reason why physicians should not dispense the medicins they desire their patients to have. The advantage is all for the patients.

The narcotic evil, almost all of which has been traced to druggists, and a part to country grocers dealing in several so-called "home" remedies, and numerous narcotized patent medicins, has afforded the druggists' associations a pretext to jump into the fray. With a "holier-than-thou" attitude, they are endeavoring to fasten the guilt for drug habituation on the doctors instead of on the real culprits. With this end in view they are furnishing newspapers, always anxious for startling or unusual materials to astonish readers, with misleading tales of how all drug addiction has begun in physicians' offices, whereas it is nearly always begun and continued by druggists, as we have told in our pages many times and has also been stated in numerous other medical journals.

While on this subject let us mention a few instances of narcotic usage by physicians

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which did not result in addiction. Dr. William H. Porter (*New York Medical Journal,* April 25, 1914) describes his use of cocain internally in which his patients knew they were taking cocain and none of them developt a habit therefrom. It is not at all likely that Dr. Porter's patients differ from the patients of other physicians, for human nature is the same everywhere. And probably no greater percentage arise in the practise of other physicians. And bearing out this argument is the experience of Dr. Charles B. Burr, superintendent of Oak Grove Hospital, at Flint, Mich., who, in a "Manual of Psychology and Mental Disease," writes as follows:

> As a pure sleep producer, I know of no drug equal to hydrated chloral, and singularly, altho all my life I have heard of the chloral habit and of chloral dependence, I have never encountered a case of it. I have never known its use to create a craving, or its withdrawal, when the nervous system was restored to the point to permit it, to be followed by sleeplessness attributable to the withdrawal.

Therefore we must conclude that the drug habit is a habit engendered by desire, like alcoholism, and pandered to by dealers, very much the same as the liquor habit is fostered and spread. And the correct analysis will not show the medical profession to be the guilty purveyors of habit-forming drugs.

The public, however, has no knowledge about the subject except what they hear, and are ready to believe the druggists, particularly since the doctors are not speaking thru the newspapers on the subject. Thus it happens that moneyed people, with no true knowledge of the situation, are enlisted in support of the druggists' bills, and the doctors are thereby opposed by those whom they have benefited. "Unintelligent money," to use a phrase taken from an editorial in the *New York Medical Journal,* can do a great deal of harm.

The medical profession is in great need of an organization that will look after its needs properly. As we said above, some of the organizations have made a start. But the right kind of work cannot be done until real activ committees and legal counsel are on the job at every legislativ session. Without such attention very little good will come of the physicians' efforts, which are now but spasmodic outbursts and are soon over and permitted to be forgotten.

We have received word from a number of physicians concerning the activities of their medical societies on these lines, some of which express the fear that the profession will not arise to the necessity for such strenuous action as is required by the occasion. Nevertheless, the sentiment is growing, and sooner or later the physicians of this country will respond to our appeals for such concerted and individual effort in this matter. Let each physician do his share and talk to his neighboring physicians about it.

We believe that a great many physicians do not appreciate what it means to them should some of these druggists' bills be fastened on them. For we are sure that did they but realize it, they would soon swamp the druggists' bills. Physicians have the power; what they need is the will to do and the activity. Let each doctor do his share and do it promptly.

We do not believe that a majority of the druggists are in sympathy with this crusade against the dispensing doctor. In fact, we believe they are in the minority. We know that nearly all the leading drug journals are opposed to this movement on the part of druggists. Reasonable men remember that dispensing has been practised from time immemorial, that to a considerable extent it is necessary, and that it is useless to attempt to antagonize dispensing doctors. They realize that it is better to "get together" as far as possible instead of driving dispensing doctors farther away.

Mechanism of Chills.

None of the writers on chill have quite described the pathologic condition, yet it is one of the most beautiful examples of the compensatory phenomena in nature. The cutaneous vasoconstrictors are spasmodically stimulated, forcing the blood out of the skin. Where does this blood go? Obviously the spasmodic contraction is exactly balanced by a corresponding relaxation somewhere else, allowing the admission of the blood squeezed out of the skin. The lungs, liver, brain, may be the seat of this relaxation, and then we have the symptoms of hyperemia of the organ thus engorged.

Dr. Servoss is right as to the value of atropin here, because atropin activly stimulates the cutaneous vasodilators, forcing open the capillaries and allowing the blood to flow back into the skin. But we may obtain the same result by administering pilocarpin, which powerfully sedates the vasoconstrictors, paralyzing them, altho pilocarpin is the direct antagonist of atropin. We may increase the effect of either by adding strychnin, which stimulates the

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vasoconstrictors of the engorged area, forcing the blood out into the general circulation.

Of the two agents, atropin is the better when the patient is deprest, as it is a stimulant and favors reaction. But if the fever has risen high and the pulse tension and force are also elevated, pilocarpin is the choice. For even tho the skin may be icy cold to the touch, the thermometer in the rectum may show a temperature during the chill approaching the mark of hyperpyrexia.

The Rise of the Internal Secretions.

Twenty years ago, when the internal secretions, then being called "animal extracts," were being offered to the profession, mainly thru the efforts of Dr. Hammond, of New York City, a physician of this city, in discussing medical matters, stated that he had no faith in their being of any value whatever. No doubt, there were many others of similar attitude at that time. Much, of course, remained to be learnt about those products and their physiologic action and importance. The amount of work and study expended on them, before and since then, has been enormous and almost incalculable.

Since the great work of Sajous in collating the records of previous investigators and adding his personal experiments thereto the internal secretions have been on a more rational basis. Much that had been obscure was thereby made plain. Albeit there is much yet unknown regarding them, still they are now being successfully used in many diseases that in the past were obscure in their nature and baffling to our therapeutic efforts.

We are still learning other uses of these medicaments. Not only are the various secretions being utilized individually, but they are also now being combined for administration in occult troubles, and improvement and cures are being reported from them.

Probably the most used of these remedies is the thyroid gland. This has brought about very material benefit in thousands of cases. The corpus luteum extract is now enjoying extensiv popularity in ovarian troubles, being successful in some cases and failing in others. It appears to supply to the blood certain internal secretions that are lacking when the ovaries are not functionating properly. Hence it is a logical remedy in many cases. Where the ovary is overfunctionating it only adds to the trouble. The corpus luteum of pregnancy is thought to be the more activ and is now being given the preference.

The use of pituitrin as an oxytocic has been mentioned in these columns. It is now being used extensivly for that purpose. Like all other remedies, it acts under proper conditions only, which accounts for occasional failure with it. Those conditions are not yet definable. The extract of the entire pituitary is said to increase the force of the heart muscle contraction and increase arterial tension and blood pressure. This remedy is now available in tablet form as well as in the liquid.

The extract of the anterior lobe of the pituitary gland has been found to have a noticeable stimulating effect on the growth and development of the reproductiv glands of young animals of both sexes.

The extract of the posterior lobe has been used in the treatment of acromegaly, exophthalmic goiter, tachycardia, cardiovascular conditions where digitalis is indicated, for increasing nutrition of the brain, to raise subnormal temperature, locally to contract dilated blood vessels, and to increase intestinal activity, being particularly useful after operations.

The action of the extract of the suprarenal glands is well known and greatly availed of. Nasal operations are always performed under its influence as a vasoconstrictor to prevent loss of blood. In this connection we have noted a feeling of weakness in patients under these circumstances, which we attributed to the vasoconstriction of the capillaries thruout the body. Adrenal extract is also being employed to raise blood pressure where it is low.

Other gland secretions are being used, but much yet remains to be learnt of their actions and indications.

The contrast of conditions and the state of mind of the profession twenty years ago and now are quite striking. This demonstrates the advance of medicin scientifically and practically.

The literature on this subject at the present time is growing immensely, giving the results of many physicians' use of these remedies in a variety of ailments. All over the world come reports of new and successful uses of one or another internal secretion. Some have been used in the past and found wanting, while others have been improved or modified, as investigation dictates.

Hydrastis is useful in dyspepsia combined with motor insufficiency; beside being an excellent stomachic it accelerates intestinal peristalsis.

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Fourth of July Injuries.

The efforts to provide a "safe and sane" Fourth of July for patriotic celebrants has made great progress thruout America. It has been called to the attention of almost everybody thru some of the many channels by which it is being upheld. Nevertheless, the ardent spirit of America bubbles with joy over the great document we celebrate, and it is exceedingly difficult to repress the outburst. Notwithstanding the widespread propaganda for a "safe and sane" Fourth which has been going on for some years, numerous fatalities have occurred in many communities. While great progress has been made, yet much is yet to be done. Just as much enthusiasm can be shown by a careful celebration as by a dangerous one.

The physician should be prepared to treat the unfortunate celebrants that may fall into their hands. Any of the various fireworks are potent for harm. Powder burns, blank cartridge injuries, spark burns, etc., together with tetanus infection, are the results of the accidents of the day.

The first thing to be done is to antisepticize the injury. Hemorrhage must be checkt. Remove lacerated tissues and particles of powder, paper, etc., attacht to the wound. Small wounds can be sewn or permitted to granulate if asepsis is thoroly performed. In case of doubt it would be safer to use a gauze drain and bichlorid or other antiseptic solution. Large wounds must be treated according to their severity. It would be the safest plan to give a hypodermic injection of antitetanic serum to ward off tetanus. The doctor should have these materials ready for use when the Fourth arrives.

How to Use Your Income.

The habit of saving is as easy of acquirement as that of spending. No matter how small one's income may be, a part may be saved. During the past winter a physician known to us undertook to ascertain by actual trial how little a man could live upon, as regards food. He found that five cents a day sufficed to keep him in good working health. While this probably could not be continued permanently, it shows an advantage in economy. Other expenses might also be reduced materially by taking thought.

A doctor must be neat, but he or his wife can easily press and sponge his suit, mend his underwear and keep his clothes clean. The use of paper napkins, towels and handkerchiefs reduces laundry bills for some physicians.

Economy carried too far becomes parsimony. The too-saving, unnecessarily-economic man is a miser. One should determin beforehand what proportion of his income he will save for investment, and save it, but no more. Of every dollar coming in, a dime goes into the savings bank. When enuf has accumulated a bond may be bought; as the fund grows, a mortgage, or a piece of real estate. This fund should be lookt upon strictly as a savings one, and in no sense as speculation. Speculation is activ business, not saving. As the earnings begin to exceed the needs one may put in practise Franklin's sage advice, to spend half one's income. The 40% for investing may be used to increase one's equipment, books, apparatus, motiv power, postgraduate courses, building the home and the office, and in all ways improving one's means of doing his professional work. This is the best of all investments for a physician, bearing in mind the experience of man's wisest, who chose wisdom first and found it brought with it all other good things. With the surplus one may form a fund to be used activly as a business capital. Buy and sell; take up a neglected or worn-out farm, or a dilapidated house; put in order and sell at a profit. Don't buy stocks or anything you cannot enhance in value by your own thought and labor. A tract of land in the way of improvements is a good purchase; for nothing is surer than the growth of towns. The demand for summer homes is only beginning, and must increase as we become more and more a city of flat-dwellers. A drug store is germane to a doctor's work and a good investment.

The disposal of the moiety reserved for spending is a matter of greater difficulty. A really good spender is a rarity. Too many of us spend our earnings uselessly or injuriously. When we get to the point where, the necessities being secured, we still have a surplus, what shall we do with it? Food, shelter, motiv power, mental pabulum in the shape of journals, reciprocity in society fees and expenses, are provided.

The doctor should dress well and neatly, never extravagantly. His garb must be respectable, quiet, of excellent quality and cut, but not noisy, opulent or extreme in fashion. He should attract attention by the personal taste shown in his clothes rather

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than by his adherence to fashion. Then—here comes the vital question for the doctor, as for every man—does he own his business, or does his business own him? Let us mention some instances: Here is a big multimillionaire railway man who wields the power of a Cæsar and dies of vital exhaustion at fifty-six. There's a manufacturer engrost in the detail of a successful career, who quits at forty-eight. That brilliant statesman whose eloquence thrilled his audiences, who swayed legislativ assemblies and dominated conventions by his intensity, lived a shadow in retirement for twenty years after his breakdown. The genius whose name was on every lip, whose achievements were held up for the emulation of ambitious youth, disappeared from public view and has been cared for in a private institution for years, his mind slightly deranged. The greatest master of chess the world has known spent his last years in an asylum for the insane. Doctor, do you own your practise, or does the practise own you?

Use your spending surplus in purchasing health, happiness and long life. Buy leisure. Get an assistant, and give the kid a show. Let those restless boys get their shoulders under one corner of your load—they're just aching for occupation, for something to exercise their gray cells; and if they had a share of the real work of life they would have less incentiv to get into mischief.

Buy recreation, travel, new experiences; cultivate new tastes; plant a ranch and stock it. See America. Let no day pass in which you fail to do something novel and interesting. So shall you win happiness, keep young, and long defer the infirmities and the dreariness of age.

THE MEDICAL MONTH.

The opening ceremonies of the Institute for Medical Research, founded by Mrs. George William Hooper in memory of her husband, were held March 7th at the University of California Hospital, San Francisco.

Infants' Hospital, in connection with the Thomas Morgan Rotch, Jr., Memorial Hospital, Boston, receives the income from the largest part of the estate of Dr. Thomas Morgan Rotch, after the death of his wife.

Large tracts of radium-bearing ore lands are reported in Beaverhead County, near Butte, Mont.

Past Assistant Surgeon Herring, of the Public Health Service at Spartanburg, S. C., mapt out plans for the establishment of a Federal pellagra hospital there for the study of that disease by government experts. Congress has authorized the hospital.

Following Philadelphia, Chicago and other cities, New York has made markt improvement in its milk supply and its Milk Committee (7th annual report) claims to have saved 41,000 baby lives in the past seven years by this means.

According to a special cable dispatch from Copenhagen, April 8th, Dr. Reyn, head of the Pinsen Light Institute, has made interesting experiments in the treatment of patients suffering from tuberculosis by means of electric light. The cases were such as have hitherto necessitated an operation. The patients are placed about a yard's distance in front of an ordinary arc lamp and the rays were directed against the affected parts of the body. The irradiation lasts in the beginning 15 minutes, but is increast gradually, until it reaches 2½ hours. The most satisfactory results have been obtained, nearly all the patients so far having been completely cured. It is expected that the treatment by artificial light will, in many cases, give better results than the prolonged and expensiv treatment by high sunlight. It is suggested that the light cure may also be useful in cases of lung tuberculosis, but this has not yet been proved.

At the meeting of the Council on Medical Education of the American Medical Association, held in Chicago, February 24th, the following colleges were given higher ratings: Jefferson Medical College, of Philadelphia; the University of Pittsburgh, Penna., School of Medicin, and the Starling, Ohio, Medical College (now the College of Medicin of the Ohio State University) were raised from Class A to Class A+. The Atlanta Medical College, Atlanta, Ga., and the Fordham University, School of Medicin, New York, N. Y., were raised from Class B to Class A.

A new species of microbes, the action of which has developt a new form of disease, has been developt at Paris by Mme. Victor Henri, a bacteriologist. She subjected the bacilli of anthrax to ultraviolet rays, which changed their nature and shape. Then the modified bacilli were injected into guinea pigs, the result being a slowly developing disease of a totally different character from that of anthrax. Mme. Henri deduces from her discovery the possibility of evolution in the bacterial world, as in the animal world, and expresses the opinion -that the multitudes of existing species come from a few primitiv forms.

According to a special cablegram to the Philadelphia *Ledger* from Berlin, March 21st, the crusade against everything known as "Americanism" or what is called that in Germany, when one wants to use a term of opprobrium, has now spread to the medical profession. The Court of Honor of the Physicians and Surgeons' League has just issued an edict against "American business methods," which seems to be cropping up in the profession. The pernicious practise consists in the scheme of having more than one consultation office in the same city. The custom of maintaining downtown headquarters, in addition to offices at the physician's own home, is pillorized as "American," and wholly incompatible with the dignity of the profession. Doctors who indulge in such American business methods will henceforth be disciplined.

At the meeting of the Académie de Médecine, February 17th, in Paris, two foreign correspondents were elected. The names of Bordet, Brussels;

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Henrijean, Liége; Flexner, New York, and Dr. Minot, Boston, were presented. Bordet and Henrijean were elected. Bordet is professor of bacteriology of the Faculté de Médecine de Bruxelles, and is known by his works on immunity and on the deviation of complement. Dr. Henrijean is a professor on the Faculté de Médecine de Liége and will be president of the coming congress of French-speaking doctors, which will be held this year at Brussels.

Indian Commissioner Sills, in his annual report, at Washington, describes health conditions among the Indians as deplorable. Approximately 25,000 Indians are suffering from tuberculosis. During the last fiscal year 1,905 Indians died from tuberculosis. The Indian death rate was 32.25 per 1,000, against 16 per 1,000 for the entire registered area of the United States. More than 60,000 cases of trachoma are shown to exist among the Government's wards. The report says there are 8,000 Indian families without homes, many of whom live under revolting conditions.

The Pennsylvania Railway Surgeons' Association held its annual meeting June 19th and 20th at the St. Charles Hotel, Atlantic City, N. J.

Mount St. Rose Hospital, St. Louis, Mo., has begun an activ campaign for raising $300,000 by popular subscription to increase its facilities for the care of consumptivs. At present the institution is unable to meet the demands made on it.

The discovery that epilepsy will respond to the Pasteur treatment for a person afflicted with rabies was announced at Chicago, Ill., by Dr. F. Patrick Pachler, superintendent of Iroquois Memorial Hospital. The discovery was made accidentally, according to Dr. Pachler, thru keeping records of cases in which the Pasteur serum was administered. He is preparing a report for the American Medical Association.

It is especially among illiterate foreigners that cheap wood alcohol finds its victims, barbers' supply houses often being the worst culprits for its distribution. All hairwashes in barber shops should be viewed with suspicion, therefore, until proven free from that dangerous ingredient. New York state is now legislating against its use for human beings.

We note in correspondence of the Philadelphia *Ledger* from London that suspicion has fallen upon the flea as responsible for scarlet fever. The Public Health Department of London has tried since 1909 to obtain a detailed record of the seasonal prevalence of fleas there. Last year additional information was made available by the examination of elementary school children. The records show that the "curve" of flea prevalence is almost identical with that of scarlet fever epidemics.

The Pennsylvania Railroad system has a strict rule which is rigidly enforced. It reads: "The use of intoxicants by employees while on duty is prohibited. Their habitual use or the frequenting of places where they are sold is sufficient cause for dismissal." In a statement issued March 19th, the company gave the information that 784,670 observations were made during 1913 as to the use of intoxicants by employees, and that in only 158 cases was discipline required.

The death is reported at Paris, April 11th, of Dr. Alfred Conor, under-director of the Pasteur Institute in Tunis, who fell a hero in the cause of medicin. Some time ago while experimenting on a guinea pig the knife he was using fell on his thigh, inflicting a slight wound. Infection set in and the doctor had to take to his bed. The nature of his illness could not be diagnosed. All the resources of both medicin and surgery were employed in vain, and on March 22d the martyr to science was decorated on his death bed with the Cross of the Legion of Honor, which was specially conferred on him as he had been dangerously wounded in the accomplishment of his professional duty.

An organization of 600 deaf persons in Berlin recently sent the chief of police a petition regarding the use of a white band to be worn by the deaf as a sign to chauffeurs and drivers in general that the wearer is unable to hear the auto horn or shout of warning. The Berlin authorities declined to take any official steps in the matter, and the daily press is now being urged to take up the question and call for some warning sign of this kind to be worn by the deaf and be heeded by drivers as an important aid in checking the frequent street accidents to the deaf.

Physicians intending to visit the Panama-Pacific World Fair at San Francisco, between February and December of next year, will be glad to know that the town's 250 hotels will not raise their regular rates. Railway fare will be one-half for the round-trip.

Some of the more sensational New York newspapers lately printed statements to the effect that forty-eight children, many of whom were attending the public schools, had been infected either thru carelessness or by inoculation for experimental purposes with "loathsome diseases" in hospitals and implicated some of the most honorable members of the medical profession. It was claimed that the statements were based on a report made by B. S. Deutsch, who used the alleged results of this investigation to support the antivivisection measures that were being prest in Albany. Dr. Sigismund S. Goldwater, the health commissioner, took up the matter and investigated the list on which Deutsch based his statements, to find that of the forty addresses given on the Deutsch list, fifteen families could not be found, and in not a single child among the other twenty-five families was syphilis found; that there was no evidence of the inoculation of any of these children, and in fact twenty-four had never been patients in any hospital. Dr. Goldwater concluded in giving the results of this investigation, "Truth and antivivisectionists are utter strangers."

According to a special cable dispatch to the Philadelphia *Ledger* from Paris, April 11th, Prof. Arnold Netter made an important statement April 7th at the Academy of Medicin regarding a new cure for spinal paralysis. The cure, sought since 1910, consists of an injection of serum collected from the spinal marrow of a sufferer from a similar disease. Apparently the microbes coming from the first sufferer kill those inhabiting the second. Prof. Netter illustrated his theory by the case of a man aged 34, who had been reduced in six months to utter helplessness by paralysis. He was cured entirely in a few weeks by the new treatment.

The Equitable Life Insurance Company of New York announces that beginning July 1st it will hold free examinations for policy-holders at central points where it has salaried physicians.

The Women's Municipal League, Boston, Mass., has entered upon a campaign against fake patent medicins, alleged cures and unscrupulous medical practicians.

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"Health conservation" will be the keynote of San Francisco's Panama-Pacific World Fair. The 60,000 exhibits in its 65 acres of buildings, the 500 congresses to be held in them, some with 40,000 delegates, the five-acre Palace of Social Economy all point that way.

Maxim Gorki, the novelist, in a letter from St. Petersburg to a newspaper there, maintains he has been completely cured of tuberculosis by applications of the Roentgen rays by Dr. Manukhin's system. He says many correspondents have askt him how he had been cured, and he has answered that he suffered from tuberculosis in both lungs. Dr. Manukhin visited him at Capri last October and made four applications of his treatment. Altho Gorki is now living in St. Petersburg in a damp climate he is no longer following any medical course and has put on weight. He feels no trace of the disease, and experienced no pain during the treatments or any nervousness or after-effects.

The General Education Board has made a gift of $1,500,000 to the Medical Department of Johns Hopkins University to endow clinical teaching. Word now comes that $750,000 from the same source has been given to the Medical Department of Washington University for a like purpose. Thus provision has been made for a practical trial of the plan in two institutions. The plan provides that the heads of the departments of medicin, surgery, pediatrics and, possibly later on, other clinical branches, shall give their undivided time to teaching and research, and retain no fees for consultations. If these all-time professors act as consultants in private cases, fees for such consultations are to be turned into the university treasury.

The profession of Cincinnati, Ohio, energetically insists that pay patients in its splendid new City Hospital should be treated by their individual physicians. The doctor should fight against *special privilege* in hospitals as elsewhere.

A bill provided for the creation of a bureau of labor safety, in the Department of Labor, was passed unanimously by the National House of Representativs, March 11th. It is proposed by the bill that the bureau investigate, test and recommend the adoption of the most effectiv devices for reducing the hazard of various occupations. It also provides for a museum of labor-safety devices.

As the result of experiments made last fall by physicians in the Rockefeller Institute, a new serum which has proved successful in 90 out of 100 pneumonia cases has been cultivated and shortly will be announced to the medical world. The serum is made from the blood of a horse into which has been injected pneumococci germs. It is injected intravenously and relieves pneumonia by bringing about a crisis in from 12 to 18 hours. While the new serum has been used in about 100 cases at the Rockefeller Hospital, the first outside use of it was on March 10th, when it was administered to Dr. P. M. Howard at Bellevue Hospital as a last resort. The doctor passed the crisis on the following day and recovered from what was thought a fatal illness.

Under the will of the late Dr. Roswell Park the Medical Department of the University of Buffalo will receive his entire medical library of about three thousand volumes, including files of journals and some rare and valuable medical works. Dr. Park was much interested in the history of medicin and had been collecting old medical books for many years. This will give the university a library of more than twelve thousand volumes.

Surgeon-General Gorgas, U. S. A., was the guest of honor at a dinner at the Savoy, London, on Monday, given him by the medical profession of that metropolis. Sir Thomas Barlow, president of the Royal College of Physicians, was chairman. Viscount Bryce, Sir William Osler, Arthur William May, medical director of the navy; Francis N. Champneys, president of the Royal Society of Medicin; Sir Rickman Godlee, president of the Royal College of Surgeons; Sir William Launcelot Gubbins, director of the Army Medical Service, were among those present.

Philadelphia aims at a half-million dollar endowment of its famous Woman's Medical College, the only high-class institution of its kind.

The Oregon State Board of Health April 7th began compiling a cancer and consumption census of the entire commonwealth. The board will enlist the support of the 800 or more practising physicians and 34 county health officers of Oregon.

Here is a suggestion for physicians that will aid in abating a nuisance: In an action brought by an individual against certain manufacturing concerns in East Syracuse, N. Y., on account of pollution of a stream by factory waste, a bacteriologic demonstration of the water pollution was made and testified to by witnesses at the trial. The State Department of Agriculture ordered that milk from farms where cattle were permitted access to streams polluted by sewage must not be sold. The polluted stream in question runs thru a large dairying section, and the suit was brought by the farmers to prevent the pollution of the stream. In order to demonstrate the contamination of the water red bacteria (*Bacillus prodigiosus*) were placed in the stream where they multiplied and were traced by the city bacteriologist of Syracuse, Dr. F. M. Meader, to a point 6,500 feet down the stream where the water containing the bacteria was drunk by a cow. It was found that the milk from the cow was colored red by bacteria. The city bacteriologist was put on the witness stand to show this fact in an attempt to prove that the typhoid bacillus might be transmitted to the milk in the same manner. This is an interesting form of animal experimentation to prove water contamination.

The Church Peace Union, 70 Fifth Avenue, New York City, offers various sums of money for essays on universal peace. Any person wishing to compete should write for information to the above address.

All the medical societies of Rochester, N. Y., are to be merged and a clubhouse erected. That should be the rule everywhere, and the profession will be held in higher public estimation accordingly.

One of the Carnegie hero medals and $200 were presented recently to Dr. P. Foianini, of Grosio, on account of his having suckt a diphtheric membrane from the throat of a woman on whom he was doing a tracheotomy and who was on the point of suffocating. The woman was saved, but the physician developt the disease himself in a severe form.

Les Médecins Humanistes is the name of a society that has been organized in Paris, with the object of uniting physicians who are interested in literature in its relations with biologic sciences, to advance in every possible way the revival of the study of Greek and Latin, and to bring about

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a reaction against neglect of the humanities in all curricula preliminary to the study of medicin. At the meeting of February 23d, Dr. Berchon, the secretary of the society, gave an extensiv résumé of Dr. A. Rose's book, "Medical Greek," which résumé will appear in the journal of the society.

The Massachusetts State Board of Charities has formulated a plan for a new leprosarium at Penikese Island, to cost about $40,000.

Regarding Philadelphia as a center to reach the American profession, Dr. Gustav Monod, of Vieley, France, spoke before the College of Physicians of Philadelphia, March 27th, on postgraduate medical study. The fact that he is the official spokesman for the French Government, employing the English tongue freely and specializing in systematized postgraduate medical instruction courses, added to the importance of his message.

Not to be outdone by the wonderful new X-ray tube of the American physicist, Coolidge, Dr. Dessauer, at Frankfort-on-the-Main, claims to have devised a method of making the X-ray twenty times more penetrating than the ordinary X-rays, and almost as effectiv as radium in the treatment of disease.

The United States Marine Hospital and Quarantine Stations are to be used both for the army and naval sick and injured.

Dr. Albert Abrams will give his demonstrations in spondylotherapy at Chicago, Ill., the week of September 14th; Boston, Mass., the week of September 28th; New York City, the week of October 5th; Philadelphia, the week following. A class of 30 physicians has already been organized for the Philadelphia lectures. Many more physicians might well take advantage to learn spondylotherapy.

To keep out tropical infectious diseases, due to the present Mexican situation, $100,000 has been voted by Congress.

Unusual opportunities now exist for ambitious graduates in medicin in the medical corps of the United States Navy, there being fifty-five vacancies in its personnel. Those interested should write the Department at Washington for a circular of information.

Harvard University receives the greater part of an estate of $500,000 for medical research and "for the promotion of good citizenship under the Republican government," in memory of the testator's father, by the will of Morill Wyman, Cambridge, Mass.

A committee has been organized for the purpose of inviting the attention of the medical profession and others interested in the prevention of occupational diseases to the Third International Congress on Diseases of Occupation to be held in Vienna in September, 1914. These congresses, begun in 1906, afford an excellent opportunity to scientists, clinicians and industrial experts to present the results of their research and observations before an international body specially interested in the subject. Among the topics which will be considered at the coming congress are: The physiology and pathology of fatig; work in hot and damp air; occupational anthrax; pneumoconiosis; injuries caused by electricity; industrial poisons; injuries of hearing caused by industrial pursuits, etc. For membership fees, mail postal money order for $5 to the general secretary of the congress, Dr. Ludwig Teleky, No. 23, Türkenstrasse IX, Vienna, Austria. For further information, address Dr. Alice Hamilton, Secretary, Hull House, Chicago, or Dr. George M. Kober, Vice-Chairman, 1819 Q Street, N. W., Washington, D. C.

The Roann County, N. C., board of health has adopted an order excluding children suffering with tuberculosis from the public schools of the county.

The Illinois state board of health distributes antityphoid serum, without cost, to all parts of the state.

The International Congress on Social Insurance will meet in Washington in September, 1915, on the invitation of the United States Government. This congress meets biennially, and this will be the first meeting in the United States. The headquarters are in Paris, where a permanent committee carries on the work of the organization between sessions. M. Leon Bourgeois, former Prime Minister of France, is president, and M. Edouard Füster, general secretary. Secretary of State Bryan has announced the appointment of a general committee to make arrangements for the congress, which includes the Secretary of the Treasury and the Secretary of Commerce and Labor, as well as a long list of prominent persons in the United States interested in sociologic work.

The Mercy Hospital at New Orleans, La., is campaigning for a $320,000 fund.

The late Governor Eben S. Draper bequeathed $100,000 to the Milford, Mass., Hospital.

The medical profession of the Austrian empire, like that of America, systematically plans diminution of the number of medical students.

The Christian Science bill which proposed to allow Christian Science healers to practise under the Medical Practice Act of New York State has been vetoed by Governor Glynn. In the veto he said, in part, that the bill would have opened the gates to all kinds of medical pretenders, who, as a matter of fact, treat the sick without the use of any drug or material remedy, and who, if this bill were approved, would swarm across our borders and pretend to practise medicin on our citizens.

California encourages the use by physicians of a free supply of typhoid antitoxin.

On April 22d, at the meeting of the Philadelphia County Medical Society, representing 1,700 of the physicians of the city, resolutions were adopted affirming the full confidence of the society in the physicians being prosecuted by the Philadelphia Society for the Prevention of Cruelty to Animals, an anti-vivisection concern.

The next annual meeting of the American Association for the Study of Spondylotherapy will be held September 21-23, at Hotel La Salle, Chicago, Ill. By sending $3 for annual dues new members will receive a copy of the Proceedings for 1913, reviewed in June WORLD.

There has been a uniform 3% lowering of the birthrate in Protestant Prussia and Roman Catholic Bavaria. This fall is always economic and not sectarian.

A mosaic tablet, bearing an inscription describing the sterling qualities of Dr. Ernest L. Shurly, Detroit, was unveiled in the vestibule of the Detroit College of Medicin. Dr. Shurly's niece.

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Mrs. Kinzie Bates, Asheville, N. C., was the donor of the tablet.

The proposed steel-and-concrete permanent Canal Zone Government hospital at Ancon provides for 800 patients.

A report of the American Society for the Prevention of Cancer shows that the cancer death rate for 1913 was decidedly in excess of the average rate for the last five years.

Mrs. Corbett Coplinger, wife of a farmer, of Flatwood, Tenn, on March 4th became mother of quadruplets. There are three boys and a girl, all healthy and normal.

Repeated localized outbreaks of variola in Philadelphia, easily controlled thru extensiv vaccination by the city's health board physicians, are always traced to unvaccinated plantation negroes from the South. The city asks, why not apply the national control of foreign immigrants to newcomers from states that fail to compel general vaccination?

The London *Times*, discussing a lecture on "cancer houses" by Sir Thomas Oliver, took occasion recently to comment favorably on the organization and methods of the American Society for the Control of Cancer, and suggested that a similar national movement be undertaken in England.

With a properly designed and properly operated plant, the average cost of pasteurizing milk is $0.00313 a gallon, and of cream $0.00634 a gallon, according to tests recently conducted by the U. S. Department of Agriculture.

The horrible liberty-strangling plans of Russia's bureaucracy largely explain the great influx of Rumanian and Russian Jews into America in late years. Poverty-stricken at first, the latter are now nobly caring for their own and other citizens in charitable institutions. One of their many hospitals in New York City, the Beth Israel, on the lower East Side, has just planned a $2,000,000 enlargement.

The Pan-American Medical and Surgical Organization was initiated at New Orleans, La., April 15th.

Dr. Mazyck P. Ravenel, professor of medical bacteriology in the University of Wisconsin, and director of the public health laboratory, has been appointed to a similar position at the University of Missouri, Columbia.

Atlanta, Ga., is to vote on a $750,000 appropriation to enlarge its Grady Hospital.

Because of the objection of the American Red Cross to the use of its insignia by others, an ordinance has been introduced before the San Antonio, Texas, city council providing that physicians whose automobiles bear a green cross will be given right of way by traffic policemen.

A gift of $1,000,000 from James Deering to Wesley Hospital was announced at Chicago. Mr. Deering stipulated that the income from the gift should be used exclusivly in the care of charity patients. THE WORLD hopes the gift will provide that those able to pay shall not sneak in as such paupers.

The committee having in charge the Samuel D. Gross prize, valued at $1,500, of the Philadelphia Academy of Surgery, announces essays in competition for the prize will be received until January 1, 1915. The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 South Twenty-second Street, Philadelphia," on or before January 1, 1915. Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer.

New York is to have the largest and best equipt cancer hospital in the world thru co-operation between the General Memorial Hospital and Cornell University Medical School. A fund of $1,000,000 is said to be at hand. Dr. James Douglas, president of Phelps, Dodge & Co., has turned over to the hospital his half interest in the Colorado radium mines, which he owns jointly with Dr. Howard A. Kelly, of Baltimore.

The tuberculosis deathrate in Russia was 1.359 per mille in 1913, just half that of a decade ago. So much for scientific preventiv measures.

Dr. Simon Flexner, Director of the Laboratories of the Rockefeller Institute for Medical Research, has received notice thru the French Ambassador in Washington that the Cross of Chevalier of the Legion of Honor has been conferred on him by the President of the French Republic. This honor has been bestowed in recognition of the services which Dr. Flexner has rendered to medical science thru his own discoveries and thru his administration of the Rockefeller Institute.

The medical correspondent of the London *Times* announced April 19th the new application of aniline dyes to medical purposes. Atoxyl, used in the treatment of sleeping sickness, is one of the drugs afforded by these dyes, and chemists and bacteriologists thruout the world have been busily seeking others. Success has crowned their researches in the discovery of a remarkable power exercised by the so-called brilliant green over the bacillus coli communis, a germ which plays a part in many diseases of the intestins. Its possibilities have been demonstrated in cases where typhoid germs have been suspected. In examining any material for typhoid germs the difficulty has been that luxuriant growths of colon bacilli were always present and prevented recognition of the typhoid germs. Now it has been found that if the material for examination be first treated with brilliant green, the colon bacilli are entirely destroyed, while typhoid germs are untoucht. As a result of this procedure it would seem possible to detect typhoid germs where previously impossible. Some medical authorities foresee that with complete knowledge of the specific action of the aniline dyes upon each variety of living organism, drugging will become much less empiric.

The Catholic Hospital for Italians in western Philadelphia will be erected on a tract of eleven acres of high ground. The land cost $200,000 and the buildings probably $1,000,000.

Medical practise, as a calling, is taxt by Delaware, Georgia, Louisiana and North Carolina.

If any of our readers have any timely articles on subjects pertaining to the treatment of summer diseases we would be glad to receive them. Now is the time when your fellow-practicians could read with advantage such writings. Is there anything you want us to write about? If you have anything else written up, send it in; we may find it very useful.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Method of Administering Antitoxin in Diphtheria.

EDITOR MEDICAL WORLD:—I read your editorial, "Anaphylaxis in Diphtheria," which appeared on page 135 in the April, 1914, issue, with a great deal of interest. The more I study hypodermic medication, the more do I become convinced that there is something radically wrong in our knowledge of the principle underlying it. The effect of an injection of diphtheria antitoxin, or any other fluid, when injected thru the skin, is immediate. It is said that it stimulates leucocytosis, produces phagocytosis, and brings into action various antibodies, opsonins, etc. Besides, it is supposed that the tissues stand aside and permit the antitoxins introduced into the body to go after the toxins and destroy them.

It is a pretty description. I would like to see it, but I fear it exists only in our imagination. The truth is, we do not really know exactly what takes place when we inject fluids into the body. Of course something does take place, and, as a rule, it is beneficial to the body. And it happens so quickly, and we are so used to it, that we pass it off by believing that the antitoxins introduced thru the skin did it. And yet these same friendly antitoxins are powerless when taken by mouth. Also other substances in solution act similarly to antitoxin in diphtheria. Likewise does diphtheria antitoxin act favorably in a large variety of diseases non-diphtheritic. But this favorable action is only possible when diphtheria antitoxin and other fluids are administered subdermally.

I believe that when diphtheria antitoxin or other fluids are introduced into the system subcutaneously, a process is at once set into motion by means of which the tissues tend to resume their normal function. I therefore look upon diphtheria antitoxin and other fluids as direct stimulants and indirect cures. The cure is accomplisht by the body. The body furnishes the material by which are formed its defenses, the antibodies. The antitoxins introduced are as a drop in the ocean when compared to the auto-antitoxins in the body. An injection under the skin can be likened to the push of an electric button that sends the electricity that starts the machinery in motion. But it is the machinery that turns out the work. And so it is that other fluids are beneficial in diphtheria, and the auto-antitoxins are the real defenders, at least of those of microscopic size. Of course there are many other important factors that help in a case of diphtheria, which, however, are outside of the purpose of these remarks.

In an individual whose powers of resistance are good the injection as a rule does only good. But a patient whose vitality is below normal may be unfavorably affected. In them may be produced anaphylaxis, serum sickness, or even death. These unfortunate results will never be prevented by the present hurried procedures.

Writer's Technic.

The following are the precautions and the method I use to inject diphtheria antitoxin or any other fluid:

Consider the *age* of the patient. Surely there is a difference in injecting a child of several months and one of several years, or an adult. That much is admitted, that the quantity of antitoxin administered at one time be less, the younger the child. No one would think of injecting as much into a child of eight months as into a child of eight years at the initial or even subsequent dose.

Consider the *condition* of the patient. If the patient is moderately ill with diphtheria, it is usually a sign that the patient's resistance to the disease is good, that his auto-antitoxins are successfully combating the toxins of the disease, that there is need of comparativly little antitoxin, altho apparently the patient could withstand a large injection. If the illness is moderately severe, we have a patient who is gallantly fighting for his health. A moderate amount of antitoxin will be found sufficient in most of these cases to turn the tide in the patient's favor. If the patient's illness is extremely severe, as seen by the excessiv temperature, the very rapid pulse and respiration, the cold and clammy extremities,

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the delirium or stupor, etc., there is a seeming need for large amounts of antitoxin; but these cases have a poor resistance, and can withstand but little of the stimulation produced by an injection. The same is true in some of the cases complicated with *asthma.*

Position of Patient.

Have the patient in the recumbent position. If a child, it will necessarily have to be held down by at least two persons. I advocate the horizontal position in all hypodermic medication, having found by experience that in this position the body is best able to cope with the effects of hypodermic treatment. The usual method of rapidly sticking the needle into the body and forcing the antitoxin under the skin with great force, so that a markt bulging is produced at the site of injection, is considered by me careless, haphazard, hit or miss, unscientific and dangerous. It is an important factor in the cause of anaphylaxis and death. It causes too sudden a start of the processes of repair. It finds the body unprepared to stand the strain of this sudden stimulation.

Make Injection Slowly.

It is safer to inject slowly, drop by drop, with the syringe in one hand and the fingers of the other on the pulse. The effect of an injection upon the heart is immediate. The heart, thru the pulse, is the key to the situation of safety in all hypodermic therapy. In this way one is able to determin how long to continue or how soon to stop the injection. In this procedure I disregard the infinitesimal number of antitoxins *in the syringe* as compared to the innumerable auto-antitoxins *in the body,* which, tho latent, are a part of the potential energy of the body, ready to aid in combating disease under proper stimulation. The effect of the total amount of antitoxin used is but the cumulativ effect of each drop composing it. Since each drop has its effect, we must proceed slowly, taking ample time to note whether the pulse is quickened or slowed, regular or irregular, small, full or bounding, etc., or remains the same. The instant it is noted that the character of the pulse is deviating from the normal the needle should be withdrawn, irrespectiv of the quantity of antitoxin used. It is a sign that the limit of tolerance has been reacht. The limit of tolerance varies with each person, and one never knows how soon it is reacht. Is it not safer for the patient to proceed thus slowly and watchfully? How else shall we be able to prevent any of the untoward results following antitoxin and other fluids?

At the same time the patient should be watcht as to other symptoms; whether the face becomes florid or pale; the extremities cold or warm; whether pain is increast or lessened, etc. If the patient is old enuf he should be questioned at short intervals during the injection as to how he feels.

All these factors and perhaps others peculiar to the individual treated should be considered in the subcutaneous administration of antitoxin, and other fluids as well.

If this technic is carried out it will be found that a small amount of antitoxin is sufficient to bring about a favorable result. The usual content of a syringe is 10 c.c., but 2 to 3 c.c. have the desired effect. This speaks well for the concentrated antitoxin solution, which enables one to use a lesser bulk, which is of greater safety.

No matter how often antitoxin is injected in the same individual suffering from diphtheria alone or complicated by any other disease, such as asthma, or if given only to create immunity, it will be done safely if the slow, careful, patient, painstaking and hence truly scientific method herein described be followed.

True, it takes minutes not seconds to carry out, but it may prevent anaphylaxis and other untoward results, and is a better guide to the safe administration of antitoxin than the *antitoxin test* recently introduced.

LOUIS WEISS, M.D.

544 Springfield Ave., Newark, N. J.

[The failure of antitoxin by mouth is known to be due to the destructiv action of the gastric juice, which meets it before it is absorbed. It is a recognized fact that auto-antitoxin is produced in the body by the injection of foreign proteids, such as you mention. Activ immunization by bacterial vaccines is an instance. The profession has understood that matter for some time. The profession, in general, is usually guilty of using too small a dose of antitoxin in diphtheria. One reason for making a rapid injection is to get the needle out of the patient before he squirms and breaks it off. Your slower method is an excellent advantage if it produces results with less antitoxin. Several books on the subject of hypodermic medication have lately appeared. —ED.]

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Starvation and Purgation Treatment.

EDITOR MEDICAL WORLD:—In your June issue, pages 229 to 231, an article by Dr. J. L. Hill tells of his cures of diabetes mellitus by the use of starvation and purgation. This method has been in use for some years, and was first presented to the medical profession in 1910, a paper being read at the annual meeting of the British Medical Association, entitled "Starvation and Purgation in the Relief of Disease," and was publisht in the *British Medical Journal,* October 8, 1910. The author, Dr. G. Guelpa, of Paris, France, has written a book which has the title of "Auto-intoxication and Disintoxication," an account of a new fasting treatment in diabetes and other chronic conditions. Rebman Company, New York, are the publishers. A second edition was publisht in French in 1913, a copy of which is before me, presented to me by Dr. Guelpa last spring when I called on him in Paris. The first edition of his work was very poorly translated, and gives a dim idea of what Dr. Guelpa is accomplishing in the treatment of diabetes as well as many other chronic diseases.

After his great success in treating diabetes he took up gout, and has publisht a monograf on it. He is now working with DeKeating Hart in the cure of cancer.

I have been trying to translate his last book, which is entitled "La Méthode Guelpa," but I am not enuf of a French scholar to do it for publication. I am convinced of the value of his treatment, and in the autumn, if THE WORLD "family" would like to hear more of it I will try to give them his methods and uses in the different chronic diseases. My object in writing this letter is to call your attention to the fact that the treatment outlined by Dr. Hill has been in use for a long time, and Dr. Guelpa has given the method close study and investigation, and has appeared before the leading medical societies of Europe to tell of his success with it. His last book has 337 pages of closely printed matter, and the diseases in which he has found his treatment useful are the following: Alcoholism, anemia, arteriosclerosis, cardio-pulmonary diseases, diabetes, eczema, eye troubles, gastro-intestinal diseases, gout, jaundice, neuralgias, obesity, rheumatism, urinary troubles, zoster, etc. I will be glad to answer thru THE WORLD any questions in reference to the treatment of any of the above diseases.

BIDDLE R. MARSDEN, M.D.
Chestnut Hill, Phila.

Antinarcotic Bill.—Mayo Clinic.—American College of Surgeons.

EDITOR MEDICAL WORLD:—In regard to that Nelson amendment to the Antinarcotic bill in the U. S. Senate, Senator Nelson has assured me that it will not pass. I corresponded with Senator Nelson about this matter and contended that duly licensed physicians should be exempted from the operation of the law, and the Senator wrote me that he concurred in my views. If a medical man must first spend six or seven years at college, spend about $5,000 in money and have his character certified to in order to qualify for practise—as the medical candidate must now—he ought to have some rights and privileges inside of the practise of his profession—he ought to be worthy of being trusted with the administering and dispensing of medicins of all kinds and descriptions. Any other position is farcical. It would be like burning down the house to kill a few rats, to tie the hands of the physician in his service to the millions of ordinary patients in order to try to save a few degenerate drug fiends.

The Mayo Clinic.

I read with much interest your review of Dr. Broome's book on the Mayo clinic at Rochester, Minn. I have not read the book, but will get it. Dr. Broome has sized up the Mayo clinic about right. I have never visited Rochester, but I have attended dozens of medical gatherings where the Mayo methods and work have been discust by men who know the Mayo clinic thoroly. The Mayo brothers and their staff are competent surgeons, but no more so than hundreds of others in this State that I and any well-posted Minnesota doctor could name offhand. The success and renown of the Mayo clinic is almost purely a business success due to modern business methods—such as Sears, Roebuck & Co. and Montgomery, Ward & Co. employ—and skilful and effectiv publicity is not the least of these means. The Mayo brothers, understand, are not doing this advertising, but somebody is doing it for the Mayo clinic or St. Mary's Hospital—and that, with the excellent surgical work, produces the results. Such is the opinion openly exprest in medical meetings in this state by men who have studied the Mayo clinic in person. I refer to this because the Mayo clinic is of more than ordinary interest to the profession.

If the Mayos can start such a wonderful

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world-renowned clinic in an inland town of a few thousand inhabitants, why cannot this feat be repeated in other towns? Well, it has been tried in several places in this State by able men, but so far without success—I mean anything bordering on the success of the Mayo clinic. Why? Not because of the lack of professional ability, but because the combination, the Mayo team, with all its equipments, underground wires, etc., was lacking. The Mayo clinic is a wonderful phenomenon. Here you see what the best professional skill combined with modern American business methods can accomplish.

The American College of Surgeons.

And this leads me to another subject discust in the June WORLD, the American College of Surgeons. We ordinary doctors look with a good deal of suspicion on this move—yet it is the natural evolution of American business in American medicin. The promoters of the A. C. S. are the great American surgeons of the age—in medicin what the Morgans, Hills, Harrimans and Rockefellers are in big business and finance. Well, all of these big men feel their oats, as we say, feel—and justly so—that they are above the common herd—and, of course, they are. They feel that they ought to distinguish themselves by some token. And as this government confers no titles of nobility, so they proceeded to crown themselves.

The Future Surgeons.

Now, brothers, you of the common herd, don't begrudge these men their new-found and enjoyable distinction. Be rather sorry that such a move could be carried out in this "land of the free and home of the brave." The majority of them will be ashamed of their membership in the American House of Lords in Medicin before long.

One thing is certain: the F. A. C. S. will not do the surgery of the country hereafter, and that is the main thing. We common doctors—in Minnesota, anyway—are building hospitals in every little town and we are now doing our own surgery—and doing it well, thank you, without the new title.

I know it is intended to have laws passed to restrict ordinary doctors from doing surgery, but these laws will not be passed. The medical trust business is already overdone and the people are on to it.

New Medical Society Needed.

The next move in medicin will be a general practician's society—a society that shall represent the ordinary medical man and be conducted in the interest of the common people and their doctor, the general practician.

The *Journal of the A. M. A.* is the greatest and best medical periodical in the world—unrivaled in its sphere and indispensable to every up-to-date medical man. But its *élite* staff is not, cannot be, in touch with the ordinary medical man. Its contributions come from the faculties of the great universities and reflect medical procedures in the laboratories and great hospitals, where conditions are wholly different from what obtains in ordinary private practise. The material these men in the clouds dispense to us of the common herd is valuable, but it must be digested and reconstructed before it is available for our use.

And, of course, these big men with a servile hospital clientele know nothing about the difficulty of the general practician in his control of patients in private practise, nor of the want of trained assistance. If any of them once knew they have, of course, forgotten since their elevation to the higher spheres.

Understand, I am not trying to diminish the luster of any of our big American medical stars—in fact, I enjoy to see them shine—I simply point out that the House of Lords in American Medicin cannot speak for, nor represent, the real interest of the general practician.

Take this antinarcotic legislation, for instance, that threatened the very vitals of general practise: did any of these big men of the A. M. A. upper tendom step to the front and battle for us? Did any of the lately decorated F. A. C. S. sound the tocsin of alarm? Hardly. They seldom go out to see patients fifteen miles in the country—and it is nothing to them whether this class of patients gets attention. These men have bigger medical matters in hand to absorb their time, such as national boards of health and cabinet positions. They are, of course, above the small matters that worry the common herd. The *Jour. A. M. A.* did mention the matter in a languid way. But THE MEDICAL WORLD and *American Journal of Clinical Medicin* and such other small fry had to make the holler.

Now, what we common doctors need is a nation-wide medical society that will be devoted to the interest of the general prac-

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tician—the rank and file of American medicin. There are a hundred and odd thousand of us in the land ready and anxious to join hands as soon as somebody will start the ball rolling.

It is only thru a general practicians' society, organized on modern democratic lines, that we general practicians can ever be heard on any measure in our states or the nation. It is about time to get together where we all can meet on the level and act on the square.

CHRISTIAN JOHNSON, M.D.

Willmar, Minn.

[Yes; some of the A. C. S. members joined us in condemning the Nelson amendment and wrote or telegraft to their senators protesting against it. We suggested the advisability of forming a new medical society in our editorial in May WORLD, page 181, and the matter is being considered in different parts of this country.—ED.]

Notes and Comments.

EDITOR MEDICAL WORLD:—On pages 236 and 237 of the June WORLD, Dr. P. M. Burke discusses "The American College of Surgeons." Like Dr. Burke, I do not think this movement will do any great amount of good or supply any "long-felt want." Should it prove to be a popular institution or should a large majority of surgeons join it, then why not those who are not admitted form another organization and call it "The American College of Physicians," and admit none to membership who are eligible to membership in the "American College of Surgeons"? This new advertising scheme may prove quite advantageous to the favored few until the people realize what the movement means. There is no "crying demand" for an association such as Dr. Burke discusses in his admirable paper; and it is very probable the movement will be confined to a very small fraction of the great number who practice surgery. Dr. Burke has done well in starting a discussion of this subject, and I trust others will keep the work going until we can get an idea of the feeling of the great body of the medical profession on the subject.

Antinarcotic Legislation.

The editorial on the first page of the June WORLD discusses "The Antinarcotic Bill." This article sounds a note of warning, but it is not going to be received by the profession as it should be; but it will not be because the article is not sufficiently definit on the subject. Doctors are more indifferent about such matters than are members of other professions and vocations; and here is where the trouble will lie. But their indifference is not an incurable malady. All that is necessary will be to get the doctors interested; but this is no easy task. A personal experience of almost thirty years in legislativ work has convinced me that doctors can get almost all the legislation they need if they will first agree on what they want and then all work together for it. Others do this, then why not doctors? During the past thirty years doctors in this state (Mississippi) have never failed to get what they wanted when they all agreed and then workt together. There must be agreement among the doctors in order to succeed in any movement of great importance. If all the readers of THE WORLD will work with their representativs in Congress it will be a mighty influence for right kind of legislation in the interest of justice and the medical profession. No profession should be crippled by unwise legislation in order that some other profession may prosper. If the physicians all over the country will heed the warning given by THE MEDICAL WORLD and go to work, keep at work and work in the right way, there is no doubt but that we can prevent almost all vicious legislation of the kind referred to in THE WORLD.

Consultations.

On page 254 the editorial on consulting with osteopaths gives the proper solution of the problem. There is nothing wrong in calling in an osteopath to do the work you have not time to do or that an osteopath can do better than you are prepared to do. Osteopaths should (and they will, if we treat them as we should) call in physicians when in their opinion medicin is needed. The medical practise law in Mississippi requires osteopaths to be examined on anatomy. physiology and hygiene by the regular board of health. They must pass the same examination on these branches that doctors must pass before they can legally practise their profession in this state. The result of this law is that we have a splendid class of men in this specialty in our state. This law has workt well for nearly ten years, and no great effort has been made to repeal it. Osteopaths opposed it strongly at first, but now they seem perfectly satisfied with it; and Dr. Still wrote a letter to a prominent physician in this state commending the law. Osteopaths and physicians may and do con-

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sult with each other without the sacrifice of any principle whatever. I am glad to see THE MEDICAL WORLD indorse this idea, and proud of the fact that I am the author of this law in Mississippi. Sooner or later all will come to the idea or the plan suggested by THE WORLD. Osteopathy is a specialty in medicin; "only this and nothing more." Osteopaths resort to the practise with a greater degree of perfection than we. That is all. C. KENDRICK, M.D.

Kendrick, Miss.

Against the Bills That Hinder Dispensing by Doctors.

DEAR DR. TAYLOR:—Your many and able articles in defense of the rights of physicians to dispense or write prescriptions as may suit themselves and patrons have afforded me much pleasure; as likewise those of *Clinical Medicin* and the *Physicians Drug News*. And, no doubt, others that I know not of have done valiant service.

On reading your last article it occurred to me that a reprint of much of these articles, so edited as to eliminate needless repetition, sold to physicians for the *education of the people*, would make it easy for them to put law-makers on their guard; for no doubt many of them are well-meaning men. U. N. MELLETTE, M.D.

Holdenville, Okla.

[We will leave the reprinting to the county and state societies or to such physicians as desire to use them. It would, indeed, place the arguments in a handy, available form for distribution where needed or useful.—ED.]

The Drug Habit.

EDITOR MEDICAL WORLD:—I have been treating the drug habit for a number of years, and I have found that every case is a law unto itself. You cannot treat all alike. Hence there can be no routine treatment that will prove successful in all cases. There is one thing that you want to be very careful about, and that is that the patient has no morphin hid away in his clothes, or where he can get hold of it. Sometimes they will come for treatment, wanting to be cured, and at the same time will do everything in their power to get some of the drug. And in this they are very acute. I was treating one patient, and I thought he was getting along the finest of any case I ever treated, when I found out he had found 40 grains of morphin where I had thoughtlessly left it.

They may be perfectly honest and truthful about everything else, but they will lie about the drug, and will do everything in their power to get it at any cost. Since that time I search them thoroly; will not take their word for anything in regard to whether they have the drug or not. As a rule, they are easily controlled, but you must watch them all the time. I was treating a patient some time ago, who had been taking 40 grains at a dose, and he saw me put his morphin in a desk that had a glass door, and lock it. He told me after he was cured that one night he came very near taking a stick of wood, knocking the nurse (who was lying on a cot near him) in the head, bursting open my office, breaking the glass door of the desk, getting his morphin and boarding the first train home. While he did not do this, the very fact that he thought about doing so is proof that some one might do so. Hence it is best always to watch them. This patient was very easily cured.

Treatment.

When I first began to treat them, and for some years afterward, I relied almost wholly on hyoscin; but now I give very little of it. The last case I treated I did not give any hyoscin, and he got along well. The main thing is elimination. Never give hyoscin, or anything else, until you have moved the bowels thoroly, and you want to keep them moving. If you will do this, your patient will not suffer to amount to anything, and there is but very little danger of heart failure. Of course, you want to be on your guard, and if there are any symptoms of collapse, meet them at once. This can be done with strychnin and small doses of atropin. If the patient is not too old, or too much emaciated, you can withdraw the drug at once; otherwise you had better gradually withdraw it. But never, under any circumstances, let the patient know when you give him the drug. Never give cocain, heroin, codein, or any drug that will lead to another habit.

The sleeplessness is sometimes hard to control, but the patient, with proper suggestions, will get enuf sleep. They will sleep a great deal more than they think. Never give your patient a tonic to "tone him up." Leave the case to nature, and it will do more than all the tonics in the materia medica. And, besides, you want to get your patient out of the habit of taking drugs. Eggs and milk are the best things the patient can eat, after you have got him off of the drug. T. J. DANIEL, M.D.

Magazine, Ark.

EDITOR MEDICAL WORLD:—Inclosed please find my subscription. I always look forward to the coming of THE WORLD each month with pleasure, as its contents are always interesting and helpful to me.

Wilberforce, Ohio. S. MARIA STEWARD, M.D.

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The Evolution of Materia Medica.

The Beginning.

EDITOR MEDICAL WORLD:—It was hunger and nakedness, says Schiller, in his "Ueber den Zusammenhang der Tierischen Natur des Menschen mit Seiner Geistigen" that caused our first ancestors to hunt and fish and thus provide food and clothing both for themselves and those depending upon them. But after their crude methods of hunting and fishing had been replaced by farming, and the land brought forth more than they could consume, they became lazy and indolent, which, in turn, brought on disease. Then, according to Schiller, they began digging into the mountains for the silver, iron and mercury and searching thru the woods and fields for the barks, roots and herbs for the treatment of disease. If we could trace the development of our materia medica from such a possible crude beginning down to the present date, we would find that from time to time drugs have been added which have enjoyed a high degree of popularity for a season, then gradually have fallen into decadence, to be replaced by other, perhaps better, drugs, which sooner or later must share the same fate.

Camphor.

Take, for example, camphor, which at one time was placed on a pedestal and worshipt by so many physicians as a cardiac and respiratory stimulant, a sedativ, antispasmodic and specific for most intestinal disorders. Altho it admirably filled the place to which it was assigned, some investigators found, or thought they found, it to be unreliable; so its usefulness began to decline and to-day it fills only a very humble place in the treatment of disease.

Condurango.

Cortex condurango was believed by the profession at one time to be a cure for carcinoma of the stomach and was destined to become one of the most popular drugs in the materia medica. But this drug did not meet expectations, and in spite of the fact that it is the best remedy that we have for that particular condition—curing many cases when taken in their early stages (C. Binz, "Grundsuge der Arzneimittellehre"), and is considered by such physicians as Ewalt, Rosenheim and Leo to be, when combined with hydrochloric acid, invaluable as a stomach tonic, also as a tonic in the treatment of many nervous diseases—it did not cure cancer, therefore it was laid on the shelf, and at present is not found in some of our works on materia medica and even the pharmacopeia gives it only passing mention!

Sarsaparilla.

Another drug which has had a similar experience is radix sarsaparilla. At one time this drug was valued very highly, both by the profession and the laity, as an alterativ, or "blood purifier," and it certainly did its work. Many suffering from anemia and other debilitating diseases were benefited and even cured by its use. But recent experiments have shown both it and the alkaloids that it contains to be inactiv and at the present time it is only used as an elixir with which to give other more important drugs, and the high therapeutic value once attributed to it must be shared at least with another branch of medical science, psychotherapeutics.

Cough Mixtures.

Then there are cough mixtures galore, all of which have done a noble work in the past and still hold a prominent place in the treatment of one class of diseases, but the time is not far distant when every home will be equipt with an atomizer, inhaling apparatus, probe, tongue depresser, percussion-hammer pleximeter and other paraphernalia for the treatment of colds, coughs and other kindred diseases, and the bottle of cough syrup, which is such a familiar sight in almost every family, will be relegated to the closet as a relic of days that have passed.

The New Methods.

But what shall we say of serum-therapeutics, electricity, radium and light? Shall they also share the same fate? By taking a bird's-eye view of the situation one might conclude that they have come to stay, but too well we know that serum-therapeutics is constantly being attackt by a large army of antiserum-therapeutists, the results of whose efforts only remain to be seen. Too well we know that such physicians as Klemperer, Rosenheim and Leo have been disappointed in the results they have obtained by the use of electricity in the treatment of internal diseases. Already they are beginning to question if radium really does cure cancer or as to just how far the ultraviolet rays penetrate the tissues of the body, if they are absorbed by glass, or if light, minus the heat rays, really has the high therapeutic value at-

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tributed to it. And too soon these therapeutic measures, valuable as they may be, must go the way of all the rest to be replaced by something, we know not what.

The End.

The ushering in of every new method of treatment or drug means an increase in our ability to cope with disease, and if the process is continued sufficiently long, the proverbial fountain of youth or elixir of life will be found not to consist in the water of some fountain or spring or of some concoction which one may drink, or have injected hypodermically which will give him perpetual youth, but in a perfected system of hygiene or therapeutics, preventiv medicin, perhaps, which will so increase man's resistance that he will be able to withstand the ravages of disease and live to a ripe old age and die a natural death, as it was intended he should, and doctors, with the exception of a few surgeons, whose business it will be to attend to those who may be injured thru accident, will be among the things that were. F. L. JACKSON, M.D.

Westbrook, Me.

An Obstetric Experience.

EDITOR MEDICAL WORLD:—On June 11, 1911, I was called to an Italian woman, 35 years of age, in her fourth labor, at six months' term. Upon examination I found placenta previa, of the marginal type. The os was well dilated, and I at once proceeded to institute the Braxton-Hicks maneuver—carried my hand up, secured a foot, and brought it down, letting the buttock of the child make pressure upon the site of the placental separation, thus controlling the hemorrhage. After a short period of "watchful waiting" and moderate traction the child was delivered, and the placenta soon followed, and the labor was complete, with only sufficient loss of blood to greatly prostrate the woman; but she went on to a complete and quick recovery.

Again on the 15th of April, 1914, I was called to the same woman, in labor at full term. I was informed upon my arrival that she had already had two very profuse hemorrhages, and she showed that she was very much exsanguinated, bordering on collapse.

Upon examination I found a complete central placenta previa, with the os only dilated sufficiently to admit the end of one finger, and pretty rigid. I had no help, and therefore could not forcibly dilate the os and effect immediate delivery.

I at once gave a hypodermic of strychnin and ergotole, ordered some light nourishment and whiskey, tamponed the vaginal vault tightly, and went home for my breakfast.

When I returned three hours later I found the woman somewhat stronger, and no evidence of much hemorrhage. I removed the tampon, and found the os well dilated. There was at this time a considerable hemorrhage, and the pulse disappeared. I proceeded as quickly as possible to deliver by the method outlined above. About the time the body of the child was delivered she went into a state of collapse and in a very few minutes expired. The head of the child was detained in the bony passage, and I had to deliver with forceps after the death of the mother.

I report this case to invite criticism, hoping thereby to profit. Could anything more have been done? Let anyone who thinks so, answer. I have practised obstetrics for 33 years, have had four cases of placenta previa, eight cases of puerperal convulsions, six deaths, and quite a number of perineal lacerations, with a share of other accidents and complications. I am not of that class of doctors who never lose a case nor have any other bad luck. D. C. SUMMERS.

Elm Springs, Ark.

[At the meeting of the American Medical Association in Atlantic City in June, 1912, Dr. John B. Deaver, of Philadelphia, advocated Cæsarian section for every case of placenta previa. Had you had an assistant or two your second effort on this patient would, no doubt, have been successful.—ED.]

Sexual Impotence.

EDITOR MEDICAL WORLD:—I would like to say that I agree thoroly with Dr. T. J. Copeland in his article on "Sexual Impotence: Causes and Treatment" (June WORLD, pages 241 and 242). Fully 90% of the general practicians know absolutely nothing of the physiology, pathology, diagnosis or treatment of the posterior urethra, seminal vesicles, prostate, etc., and to cover up their inability or indisposition to diagnose and treat the condition pass up the unfortunate who consults them for impotence as a "sexual neuro" or classes him in the group of so-called "psychic impotence."

I do not wish to infer the nonexistence

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of cases of impotence due to purely psychic causes, but do believe the percentage of cases of impotence in its various manifestations, in which careful investigation of the genito-urinary system discloses no pathologic condition, to be very small.

In regard to the personal inquiry from the doctor signed "Montana" (June WORLD, page 253). As the editor suggests, he has reacht the age of sexual decline and perhaps looks for greater powers than he should expect, but his symptoms point almost unquestionably to a hypertrophy of the verumontanum, with probably a chronic prostatitis. He should discontinue absolutely his abnormal method of coitus (onanism) and consult a well-trained genito-urinary man, preferably one recently from some good genito-urinary clinic, and no doubt can be restored to a normal sexual condition for his years. A. H. PAINE.

275 Park Ave., Rochester, N. Y.

The Newest or the Best?

EDITOR MEDICAL WORLD:—If one were to ask what is the first requisit for a successful remedy, I should feel inclined to place novelty even before utility. Few care to know the *best* remedy; all are interested in the newest. So intense is the desire for new things that we, as a profession taken collectivly, rarely make a thoro test of any remedy, as before we have had time to do so our attention is captivated by a still newer applicant. Hence we find the path of the student encumbered by a multitude of remedies whose value has been neither proved nor disproved.

Go back to the day of Benjamin Rush, more than a century ago, and study his statistics of pneumonia and other infectious fevers. You will find that the results secured by the mighty bleeders of that day were as good or somewhat better than those claimed by the most modern therapeutist. Surely, if the depletiv methods then in vogue—bloodletting, cups, leeches, purges, calomel and antimony—were so very bad, we should show the value of our improved methods by better results. Personally I am a believer in purgation, and that the complete and continued emptying of the alimentary canal, with consequent cessation of autotoxemia, constituted the really effectiv part of the treatment then, as it does now. Give an inflamed organ clean, pure blood for its nutrition, open the doors of elimination widely and let out the accumulating toxins, and your specific treatment should prove successful whatever it may be.

To accomplish this object I prefer calomel, 1/6 grain every half hour for six doses, the seventh dose being a saline laxativ. Many combine podophyllin with the calomel, but it seems useless to administer a drug that requires fourteen hours to develop its activity, when it is to be washt out of the system in four hours.

The partiality of our grandsires for calomel had a reason underlying it, as all general beliefs and customs have. For ages we have derided Chinese medicin, citing as an all-sufficient instance their use of toadskins as a remedy. Now we know that the toadskin contains a principle closely resembling digitalis in its powers. Many instances could be cited of general popular beliefs that have been found to have a valid reason when slow-going science investigated them.

As a general instance none answers more aptly than that with which I started—the thoro elimination practised by the physicians of a century ago. To-day the last word in the treatment of infectiv maladies is getting rid of the toxins produced by the micro-organisms, or neutralizing them by antitoxins.

I would like to ask Dr. Rote and others a question. Saw palmetto is advised for enuresis. Many elderly men suffer irritability of the bladder, having to urinate very often, and obey the imperativ call immediately or their clothing suffers. Arbutin gives relief, but it is slow in getting to work. Does saw palmetto relieve this condition?

WILLIAM F. WAUGH, M.D.

Post Falls, Idaho.

Be Generous to Your Neighbor Physicians.

EDITOR MEDICAL WORLD:—In a recent issue of one of our medical journals the question of affiliation between doctors was discust, a closer relationship was depicted. and a broader sentiment of tolerance was presented. The old animosities were relegated to the rubbish pile of worn-out fads and fancies. But what are the facts? Is there an honorable understanding between physicians? The answer can easily be given by stating facts. We need not give exact locations—just give personal histories.

A doctor told me a number of years ago that he did wish there was a physician in his town with whom he could affiliate. Since then the fact has been proven beyond question that he cannot affiliate with anybody. He invariably calls a doctor from

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some other town for council, almost never a man from his own village. Another physician who solicited co-operation and affiliation, whose work I have carefully watcht, does the same thing. He meets his colleagues with a cordial smile and handshake, *but* goes away for aid when aid is needed.

These conditions are unfortunate to all concerned—to the people, who have a right to expect cordial and united effort on the part of their local physicians, and to the men who are so small and narrow that they either dare not or for some reason will not be honest and thereby get the most and best results which come only from our united endeavors. Such men not only disgrace the profession of which they are unfortunately a part, but they detract from the sum total of honest, earnest progress along professional lines.

It is nice to speak of the progressiv and broadening attitude of present-day physicians, and in some cases this may be true, but such cases are rare. Present-day fashion calls for unusual activity and sometimes for peculiar practises. Glaring fraud goes hand in hand with unprofessional and damaging insinuations, and behind the smile and the handshake lurk the poisoned fangs of jealousy and malice. We sometimes wonder whether jealousy is more common and envy more rampant than in days gone by. This is a difficult question to answer. There is certainly more than enuf of treachery and deceit in the profession today. Let us hope that at least among the better class of physicians conditions are growing better, and let us plead ignorance as the prime factor for prevailing discord and dissension. E. W. BOGARDUS, M.D.

Romulus, N. Y.

Treatment of Ingrowing Toe-Nail.

EDITOR MEDICAL WORLD:—This affection is a painful inflammation of the soft parts underneath and along one or both sides of the nail of the great toe. Improperly fitting boots, producing crowding and overlapping of the toes, is the commonest cause of this trouble. By this means the nail is prest into the adjacent soft structures, which if long continued, induces ulceration of an obstinate character.

Palliativ Treatment.

The treatment is palliativ and radical. The palliativ treatment is prevention of nail pressure upon the underlying soft parts. Various devices and remedies have been recommended, but failure rather than success has attended their use. An easy-fitting shoe with wide toe is of first importance. Frequent foot bathing should be resorted to and, perhaps, as efficient as anything, is one containing bicarbonate of sodium. The nail should be relieved of any roughness of its borders by trimming and filing. Calomel alone, or mixt with more or less bismuth subnitrate, will stimulate the healing process. The soft parts may be drawn away from the nail by the use of a strip of adhesiv plaster nearly encircling the toe, the tractiv force being regulated to meet the requirements of the particular case under treatment. The interposition of soft, non-irritating substance between the nail border and the soft tissues has been attended with varied success.

Radical Treatment.

The radical treatment, when properly applied, is one of the certainties of surgery. Many operativ procedures have been devised. Most of these measures include the removal of a portion of the border of the nail, together with the diseased soft parts and considerable of the adjacent skin and muscular structures.

The object sought for is to cause the nail to overlap the soft parts and prevent recurrence from nail pressure. To successfully obtain this result as little of the nail as possible should be removed, but rather the diseased and encroaching soft parts should be liberally sacrificed so that when healing has occurred there should be nothing left for the nail to press upon.

Cotting's and Auger's operations are familiar types of successful radical measures which are described in surgical textbooks.

Personally, I have met with invariable success in the treatment of this affection by freely removing the diseased structures with sufficient healthy tissue to prevent the nail border from impinging upon the soft tissues. Instead of following a set rule, I make such form of incision as will, in my opinion, give the desired results. If the nail border is hypertrofied, or ragged, a portion of it, including the matrix, is excised, but if undeformed and sound none of it is removed.

After Cotting's operation, healing is slow and the cicatrix is oftentimes tender and painful for a long time. This is due to the sacrifice of the whole of the skin over the site of the operation and the consequent granulation growth. If the skin can be pre-

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served healing will be rapid and unusual tenderness will be obviated.

In most instances, a single linear incision is all that is required. This should begin one-half inch, or more, behind the matrix, carried forward along the side of the nail to the end of the toe and continued well down to the plantar surface, and if needs be, entirely thru the toe, making a flap of tissue. The granulation growth, if present, and the soft parts should be freely removed, the skin being preserved so far as possible. The tissues along and underneath the border of the nail for a distance of ⅛ inch should be cut away and the flap thinned along its upper edge, the skin alone being preserved. The flap is then brought up against the under surface of the nail border, in such a way as to cover the entire cut surface with healthy skin and sutured.

Strict surgical cleanliness should be observed in the preparation and conduct of the operation. If the subject is a child, or nervous woman, a general anesthetic will be best. In most cases cocain anesthesia or some one of the freezing sprays will be sufficient for a thoro operation. The patient should not wear a shoe for some time after operation, and better results will be secured if rest in bed for a few days is maintained.

Fulton, N. Y. A. L. HALL, M.D.

Vasectomy or Vasotomy.

EDITOR MEDICAL WORLD:—In the February, 1912, WORLD appeared my article on "Vasectomy and Vasotomy," and several physicians reported to me since then that they had operated on one or more persons.

At that time I held to the opinion that it was not necessary to remove a part of the vas, that in case it should reunite, it would not do so as to leave a patulous canal.

Since then I have had a case in which the vas seems to have reunited and left a patulous canal, as the spermatozoa reappeared after an absence of a month or two.

I have re-examined the semen of all the other cases that I have operated, but do not find that any of them are passing spermatozoa.

I would advise that those who have operated by simple vasotomy re-examin the person to be sure that he is not passing spermatozoa.

Removing a section of the vas does not add much to the operation, and will prevent the vas reuniting. I now remove a section from one-half to one inch long.

I would appreciate very much if those who have operated by vasectomy or vasotomy would report results after re-examining the semen of the person, either thru THE WORLD or direct to me, and if there are any unfavorable results reported I will write an article later, giving a complete report.

Hazleton, Ind. H. M. ARTHUR.

Smallpox and Vaccination.

EDITOR MEDICAL WORLD:—Within the past eighteen months we have had in this community about fifty cases of modified smallpox. No case that I saw had secondary fever. A few had the usual symptoms of invasion, but most of them were not at any time uncomfortably ill. I did not see any umbilication, but many had eruption on palms and soles. Several cases had fewer than a dozen pustules. Two had no eruption, with moderately severe constitutional symptoms.

Prolonged proximity seemed necessary for transmission. Not more than 10% of the exposed contracted the disease, but it attackt all members of a household except those protected by vaccination or a previous attack. Not a single case contracted thru fomites, which is worthy of note, because of the fact that many of the houses are mere shacks and efficient fumigation was impossible. Vaccination was an absolute protection. A. R. PENNIMAN.

Tamms, Ill.

Bichlorid for Laity and Physicians.

Dr. W. E. Fitch, in *Pediatrics*, proposes Federal and state legislation to limit the sale of mercury bichlorid in *its pure form* to physicians and hospitals. When the poison is sold to the laity, the law should compel the manufacturer to put it up in tablet form of 7.3 grains of mercury bichlorid, 7.7 grains of ammonium chlorid and 1.25 grains of tartrate of antimony and potassium, so compounded that the tartar emetic will exert its action on reaching the stomach before the corrosiv sublimate can begin to produce its violent, irritant and deeply caustic effects. This combination, according to Dr. Fitch, will in nowise hinder the bactericidal, germicidal, disinfectant or antiseptic action of the bichlorid of mercury, but, on the contrary, the tartar emetic will have a synergistic action. The physiologic action of tartar emetic is to produce prolonged nausea, violent and repeated vomiting and retching, completely evacuating the stomach contents. No matter whether such a tablet is taken accidentally or with suicidal intent, Dr. Fitch declares that the result will be the same in all cases—prompt and complete evacuation of the stomach contents and the saving of life.

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Table of Poisons and Their Treatment.

EDITOR MEDICAL WORLD:—The following table of poisons and emergency treatment which may be found in any household is compiled at the suggestion of Dr. A. L. Parks, publisht in the June MEDICAL WORLD, pages 231 and 232:

POISON.	TREATMENT.
ACETANILID.	Have patient lie flat on back. Loosen clothing around neck and chest. Give Aromatic Spirit of Ammonia, teaspoonful to half glass of water. Give four teaspoonfuls of whiskey or brandy in a wineglass of water. Fresh air, or oxygen if obtainable; stimulate. Digitalis and Strychnia hypodermically.
ACID, ACETIC.	Magnesia (Magnesium Oxid), teaspoonful in half a glass of water. Lime water in tumblerful doses. Baking Soda (Sodium Bicarbonate) or Aromatic Spirit of Ammonia, teaspoonful in half glass of water. Repeat either of these every 15 minutes.
ACID, CARBOLIC (PHENOL). CREOSOTE.	Whiskey, Gin or Brandy, tablespoonful in wineglass of water. Grain Alcohol, two teaspoonfuls in a wineglass of water. Glycerin in ounce doses. Epsom Salt (Magnesium Sulfate), tablespoonful in glass of water, either or both to be repeated every five to fifteen minutes. The latter may produce vomiting, which is to be desired.
ACID, CITRIC.	See ACETIC ACID.
ACID, HYDROCHLORIC.	See ACETIC ACID.
ACID, HYDROCYANIC.	See CYANIDS.
ACID, NITRIC.	See ACETIC ACID.
ACID, OXALIC. SALT OF LEMON. SALT OF SORREL.	Lime water in tumblerful doses. Prepared chalk, all that can be suspended in a tumblerful of water. Magnesia or Magnesium Carbonate, teaspoonful in wineglass doses every 5 to 15 minutes. Permanganate of Potash (Crystal), one teaspoonful to a pint of water; give one teaspoonful of this solution in a glass of water and repeat 5 to 15 minutes.
ACID, PHOSFORIC.	Give Bicarbonate of Sodium (Baking Soda) or Magnesium Carbonate, teaspoonful to half glass of water. Milk by glass and raw eggs.
ACID, SULFURIC.	See ACETIC ACID.
ACONITE OR ITS PREPARATIONS. ACONITIN.	Zinc Sulfate, 10 grains in a wineglass of water. Repeat at ten-minute intervals; after vomiting. Give teaspoonful of Tannic or Gallic Acid in half glass of water. Or Multiple Antidote No. 2 or 3. Stimulate.
ALCOHOL (GRAIN). WHISKEY, GIN, BRANDY.	Ammonia by inhalations. Aromatic Spirit of Ammonia, teaspoonful in half glass of water. Repeat. Stimulate; artificial respiration.
ALCOHOL (WOOD). METHYL—WOOD SPIRITS.	Induce vomiting by mustard water, dishwater or other means, then treat same as for grain alcohol.
ANTIMONY AND ITS COMPOUNDS. (TARTAR EMETIC). ANTIMONY CHLORID.	Give Tannic or Gallic Acid, teaspoonful to half a glass of water. Or Multiple Antidote No. 2.
ANTIPYRIN.	See ACETANILID.
ARSENIC, ARSENIC TRIOXID. ARSENIOUS ACID. FOWLER'S SOLUTION. DONOVAN'S SOLUTION. PARIS GREEN. SHEELE'S GREEN. ROUGH ON RATS.	Give teaspoonful of any saturated solution of iron and a tablespoonful of Magnesia Oxid in a glass of water, or Multiple Antidote No. 1 and repeat. Induce vomiting (stick fingers down throat). Stimulate.

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POISON.	TREATMENT.
ATROPIN, HOMATROPIN. BELLADONNA, ETC.	Multiple Antidote No. 2 or 3. Chloral by mouth. Laudanum or Paregoric in teaspoonful doses. Morphin hypodermically. If taken by mouth, induce vomiting by Apomorphin; Pilocarpin Nitrate, either or both hypodermically.
BARIUM COMPOUNDS, CHLORID, NITRATE.	Give Epsom Salt or Glauber's Salt, tablespoonful in half glass of water. Repeat every ten minutes till free vomiting occurs. Stimulate.
BELLADONNA,	See ATROPIN.
BICHLORID OF MERCURY.	See MERCURY.
BROMO-SELTZER.	See ACETANILID.
BRUCIN.	See STRYCHNIN.
CANNABIS, AMERICAN. INDIAN HEMP. HASHISH.	Multiple Antidote No. 2 or 3; prone position. If taken by mouth, induce vomiting. If smoked, stimulate. Digitalis; strychnin. No alcohol or oils.
CHLORAL. CHLORAL HYDRATE. HYDRATED CHLORAL.	Caffein, 1 to 2 grains. Citrated Caffein, 3 to 5 grains. Liberal amounts of tea and coffee. Liquor Potassii, ½ to 2 teaspoonfuls in a goblet of water. Inhalations of Ammonia. Evacuate stomach. Stimulate. Strychnia, Atropin. No oils or alcohol.
CHLOROFORM.	If taken by mouth, give Baking Soda, one teaspoonful to half glass of water; milk by the glass; raw eggs. Evacuate stomach. Keep head low for twenty-four hours. Artificial respirations. Stimulate. Oxygen, Strychnin, Digitalis, Caffein, Camphorated Oil hypodermically. If inhaled, it is not necessary to give antidotes by mouth.
COCAIN.	If taken by mouth, give Multiple Antidote No. 2 or 3. Wash out stomach with water and repeat Antidote. Prone position. Amyl Nitrite and Ammonia by inhalation. Electric current, one pole over neck, other over diaphragm. Artificial respiration, Oxygen, Strychnin and Atropin hypodermically.
CODEIN.	See MORPHIN.
CONIUM—CONIIN.	See NICOTIN.
COPPER SALTS. COPPER ACETATE. COPPER SULFATE, BLUE STONE. BLUE VITRIOL.	Give milk by glass; raw eggs. One teaspoonful of Potassium Ferrocyanid (K^4FeCN^6) in a glass of water. Stimulate.
CYANID POISONING. ACID, HYDROCYANIC. AMMONIUM, POTASSIUM, OR SODIUM CYANID.	Hydrogen Peroxid (dioxygen) and water, equal parts, in tumblerful doses every five minutes. Potassium Permanganate, 1 dram (crystals) shaken up in 1 pint of water; give teaspoonful in glass of water and repeat. Javelle's or Labarraque's Solution, Chlorinated Lime or soda solution; wineglass in a tumblerful of water. Repeat in five to fifteen minutes. Ferrous and Ferric Sulfates, teaspoonful of a saturated solution of each in a tumbler of water, antidote. Stimulate.
DATURIN.	See ATROPIN.

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POISON.	TREATMENT.
DIGITALIS AND ITS COMPOUNDS.	Horizontal position. Early stages give 10 to 15 drops of Tincture of Aconite in wineglass of water, or 5 drops of Glyceryl Nitrate (Nitroglycerin) or Amyl Nitrite by inhalation. Late stages, 15 drops of Nux Vomica in water, or Strychnia hypodermically; No. 2 or 3 Multiple Antidote.
ETHER.	See CHLOROFORM.
FOOD POISONS.	If mushrooms, use Multiple Antidote No. 2 and Atropin. For all, induce vomiting by teaspoonful doses of mustard in glass of tepid water; repeat every 5 to 15 minutes until vomiting ensues. Stimulate.
GASEOUS POISONS. COAL GAS; ILLUMINATING GAS.	Inhalations of Ammonia. Aromatic Spirit of Ammonia, teaspoonful doses in half glass of water. Amyl Nitrite by inhalation.
CARBON DIOXID. CARBON MONOXID. NITROUS OXID.	Fresh air, oxygen, procure a pulmotor if possible. Artificial respiration. Open mouth and pull out tongue 8 to 10 times per minute.
HEADACHE POWDERS, TABLETS, ETC.	See ACETANILID.
HEROIN.	See MORPHIN.
HYOSCIN. HYOSCYAMIN. HYOSCYAMUS. STRAMONIUM.	See ATROPIN.
IODIN AND ITS COMPOUNDS.	Cookt starch, corn or wheat, cookt mashed potatoes or oatmeal by the glass until vomiting is produced. Don't give alcohol, glycerin or oils. Stimulate.
LEAD AND ITS COMPOUNDS. ACETATE OF LEAD. SUGAR OF LEAD.	Give tablespoonful of Epsom or Glauber's Salt in glass of water and repeat every 15 minutes until vomiting ensues. Potassium Iodid, 5 to 10 grains 3 or 4 times a day. Lemonade, and keep bowels open.
LOBELIA.	Multiple Antidote No. 2 or 3. Induce vomiting. Stimulate.
MERCURY AND ITS COMPOUNDS. BICHLORID. CORROSIV SUBLIMATE. MERCURIC NITRATE. CALOMEL IN LARGE DOSES.	Albumin of eggs. Two eggs to each 8 grains of the mercury compound. Two glasses of milk to each 8 grains. Induce vomiting by tepid salt water, glass at a time every 10 minutes. Then repeat whole treatment. NOTE.—Two eggs or two glasses of milk are sufficient for one bichlorid tablet. The salt water assists in forming a more or less insoluble albuminate of mercury.
MORPHIN.	If taken by mouth, give Multiple Antidote No. 2 or 3; wash out stomach with Permanganate of Potash 1:4000 and repeat. Ammonia and Amyl Nitrite inhalations. Atropin and Strychnia hypodermically. A slowly interrupted electric current applied to neck and diaphragm or to a hand and foot. Sponge face and chest with cold water. If taken hypodermically, neither of the chemical antidotes can do harm. Lavage with Permanganate solution should be used in either event. Tea, Coffee or Caffein by mouth or rectum. Do not walk or debilitate patient by flogging.
NICOTIN.	Keep patient in a prone position. Ammonia by inhalations. Aromatic Spirit of Ammonia, teaspoonful in half glass of water. Stimulate.

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POISON.	TREATMENT.
NITROGLYCERIN. GLYCERYL NITRATE. SPIRITS OF GLONOIN.	Induce vomiting. Give teaspoonful of mustard in glass of tepid water and repeat five to fifteen minutes till vomiting ensues. Atropin, Digitalin or Ergot with Strychnia hypodermically.
NUX VOMICA.	See STRYCHNIN.
OPIUM. CODEIN. HEROIN. LAUDANUM. PAREGORIC.	See MORPHIN.
PERMANGANATE. POTASSIUM PERMANGANATE. PERMANGANATE OF POTASH.	Hydrogen Peroxid and water, of each half goblet. *Sulfurous* Acid, 2 teaspoonfuls in half a glass of water; repeat every 15 minutes for four doses. Sodium Hyposulfite, teaspoonful in a glass of water (the photographer's "hypo"). Multiple Antidote No. 1.
PHOSFORUS.	Give Copper Sulfate in 10-grain doses every 10 to 15 minutes till vomiting ensues. Hydrogen Peroxid (Dioxygen) and water, equal parts by the glass. Old Turpentine in tablespoonful doses; follow by Magnesium Carbonate in teaspoonful doses. Don't give oils or glycerin.
SILVER COMPOUNDS. NITRATE OF SILVER.	Give tablespoonful of table salt in glass of tepid water and repeat until vomiting occurs. Milk by the glass. Raw eggs.
STROPHANTHUS.	Give Multiple Antidote No. 2 or 3. Chloroform or Ether inhalations if there is spasm. Chloral by mouth. Morphin hypodermically.
STRYCHNIN. TINCTURE NUX VOMICA. BRUCIN.	If not in convulsions give Multiple Antidote No. 2 or 3 and induce vomiting by Apomorphin or Emetin hypodermically or use stomach tube. If in convulsions give Ether, Chloroform or Ethyl Chlorid inhalation to break convulsions and keep the spasms under control. Morphin hypodermically. Chloral by mouth. Keep patient quiet and under anesthetics as long as there is a tendency to convulsions.
SULFONAL.	See ACETANILID.
TETRONAL.	See ACETANILID.
TRIONAL.	See ACETANILID.
TOBACCO.	See NICOTIN.
VERATRUM.	Multiple Antidote No. 2 or 3. Prone position, stimulate. Strychnia, Digitalis, heat to surface, fresh air.
VERONAL.	See ACETANILID.
ZINC COMPOUNDS. ZINC SULFATE (WHITE VITRIOL) ZINC CHLORID.	If profuse vomiting has not occurred, give teaspoonful doses of mustard in glass of tepid water. Multiple Antidote No. 2.

MULTIPLE ANTIDOTE No. 1.

Bottle No. 1.

100 c.c. (3⅓ oz.) of a saturated solution of Ferrous Sulfate.
800 c.c. (26 oz.) of water; mix and keep in a 2-quart bottle.

Bottle No. 2.

90 Gm. (3 oz.) dry Magnesia (Mg O)
45 Gm. (1½ oz.) dry powdered Animal Charcoal.

To be kept separately; contents of bottle No. 2 to be added to Bottle No. 1 and well shaken.

Wineglass dose to be given every five to fifteen minutes as indicated; a large excess can do no harm.

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MULTIPLE ANTIDOTE No. 2.

Tannic or Gallic Acid.....1 oz.
Magnesia (Mg O), Dry.....1 oz.
Animal Charcoal, Dry.....2 oz.

One teaspoonful in half glass of water to be repeated every five to fifteen minutes as required.

MULTIPLE ANTIDOTE No. 3.

Of especial service in poisoning by Alkaloids, Glucosids or activ principles of plants.

Compound Iodin Solution (Lugol's Solution).

5 Gm. Iodin (Crystals).
10 Gm. Potassium Iodid.
100 c.c. Water.

One teaspoonful in a wineglass of water and repeat in fifteen minutes.

NOTE.

Any attempt to tabulate a subject as large as this in so small a space will, of course be unsatisfactory. In some respects it is too much condenst for certain purposes, and physicians, druggists and others familiar with the subject will find little or probably nothing new or of benefit in it. But it is not intended for those thoroly acquainted with the subject; it is to aid in an emergency, the one who is not sure.

I have tried to offer the treatment in such a way that the doctor's wife, nurse, clerk or even an intelligent person answering a "hurry" or phone call can give instruction which will be of service and which can do no harm.

Whenever "stimulate" or stimulating agents, such as strychnia, digitalis, etc., are mentioned, it is, of course, understood that these are to be administered by a physician or under his direction, and if the best interests of the poisoned person are to be conserved it is imperativ that a physician should be summoned as soon as possible.

In the minds of the profession as well as the laity, within the last year or two there has developt the belief that poisoning by bichlorid of mercury is, of necessity, fatal. This is probably due to the numerous newspaper articles which have appeared, many of which have grossly exaggerated all phases of the condition.

There are no greater difficulties in treating a case of bichlorid poisoning than will be encountered in other activ destructiv poisons, and I have seen several cases which have entirely recovered in 48 hours and are well now, years afterward.

Neither is there necessity for any complicated or drawn-out procedure. Any activ or escharotic poison needs prompt and proper treatment if any is to avail. Of course, when destruction of tissue, especially the blood, after absorption has occurred, it is a different proposition and other conditions besides the poison must be treated.

It cannot be too forcibly imprest upon the minds of physician and druggist to have the three multiple antidotes always ready. Their cost is little and the satisfaction great, and life may be saved by their readiness.

J. C. ATTIX, MS., D.D.S., M.D., P.D.,
Professor of Chemistry and Toxicology in the Medical and Pharmaceutical Departments of Temple University.
2355 North Thirteenth Street, Philadelphia.

[Our readers will probably find it advisable to lift the wires in the center of the article and remove this table and then hang it by their phone to have it ready for any one to read the directions whenever the emergency arises.—ED.]

Formula of Burrow's Solution.

EDITOR MEDICAL WORLD:—In your June issue, page 251, Edward McGuire desires information in regard to the preparation of liquor Burrowi which I herewith append:

℞ Alum.....3 vj
Acetate of lead.....3 ix
Water.....O ij

Dissolve separately and filter.

I have found this an excellent application in a number of inflammatory conditions.

New Market, Va. WM. F. DRIVER.

EDITOR MEDICAL WORLD:—"Lippincott's Medical Dictionary" gives it as follows: Lead acetate, 25 parts; alum, 5 parts; water, 500 parts.

Zanesville, Ohio. CHARLES H. HIGGINS.

EDITOR MEDICAL WORLD:—The formula of Burrow's solution is:

Alum.....1 part
Lead acetate.....2 parts
Water.....8 parts

Mix and reject precipitate, which is lead sulfate. Salts which remain in solution are aluminum acetate and potassium acetate.

Can some one give me information concerning The Texas Law Co. as to responsibility and aid in collecting slow accounts?

Dr. Taylor, your advice about collecting agencies, mines, etc., has been a great help to me; so keep up the good work. B. M. HUCKABAY, M.D.

Tuskahoma, Okla.

EDITOR MEDICAL WORLD:—I am inclosing the formula of liquor Burrowi; I hope it may be of use to some of your readers.

℞ Plumbi acet.....3 iiiss
Pulv. alum.....3 ixss
Aq. dest.....O j

Dissolve the lead in 6 ounces distilled water and the alum in 10 ounces, mix and filter.

To be used diluted with 4 to 6 parts water locally, in inflammatory conditions.

Newsoms, Va. DR. B. A. POPE.

[We have received copies of the formula, all varying somewhat, from many other readers. It is also found in Dorland's "American Illustrated Medical Dictionary." Any of these formulas will suffice.—ED.]

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Treatment of Eclampsia.

EDITOR MEDICAL WORLD:—On page 195, May, 1914, WORLD, Dr. J. W. Hoff, of Ann Arbor, Mich., gives his treatment for eclampsia. I have been practising for twenty-five years and have had many cases of eclampsia without any death, and I fully concur with him in the treatment except one thing. He says patient should be delivered at once by version. I will not agree with him there. Bleed her, give Norwood's veratrum hypodermically with a little morphin. It does not make a clear solution, but it will not make a sore if you will inject it deeply in the muscle. Stop the fits; purge her; wait and give nature a chance to relieve her. Do not give any preparation of veratrum but Norwood's.

Brothers, try this, and, my word for it, you will save your patients. J. C. TAYLOR.

Haleyville, Ala.

Answers to Queries.

EDITOR MEDICAL WORLD:—The following are a few replies for the "boys":

In April WORLD, page 164, for Dr. Potter: Many years ago a barber told me that "alkanet does not stain the skin." It is a nice red and soluble in fats and oils.

On next page, for Dr. Mackay: Powdered talcum (French chalk) is easily applied and effectiv.

In May WORLD, page 196, for Dr. Wheeler: While a student in a Boston hospital, 1870, in an "out patient" I had a similar case. A very *oval* "ball." The full-term boy was cyanotic, but lived thirty hours. There was no lochia, but on the eighth day she was "flowing badly."

Danville, Pa. ANNETTA KRATZ.

Medicin Goes Contrariwise.

EDITOR MEDICAL WORLD:—Old Col. F., who lives about thirty miles away in the southern part of the county, came into my office one day and accosted me thusly: "Say, Doc, how are you on curing the dyspepsy?" "I am a cracker jack when it comes to that disease, Colonel, and can knock the black out of it every time." "All right, Doc. Fix me up enuf medicin to last me a month, as I won't be back for thirty days."

His request was complied with most cheerfully, for which I socked him $10. He seemed to be quite well pleased to think he would soon be well of his "dyspepsy." Then he put in again: "How are you on these wet-a-bed cases, Doc?" "Oh, I can cure them like magic," I replied. "Every case gets well in a jiffy, and they stay cured." "Fix me up some of that medicin, Doc.; I've got a little gal at home that wets the bed sometimes, and Mariar thought we better get something for her."

His second request was also most cheerfully complied with and for which he contributed a half eagle.

The colonel then took his departure, promising to return in thirty days.

In about two weeks the colonel entered my office and brought back the medicin and sat it down, saying: "Here's your medicin, Doc. Took three doses of it and it liked to killed me; if I had taken the fourth dose it would have killed me deader than h——l."

Well, the earth wouldn't accommodate me by opening and swallowing me up, so there was nothing to do but take my medicin. So I hemmed and hawed, and hemmed some more, and then some. Finally I thought of the case of enuresis, and, thinks I, no doubt I have redeemed myself on that case, and there will be an even standoff. So, after hemming some, I very timidly said to him: "Well, I guess the little girl got all right, didn't she?"

"H——l, no!" he blurted out. "She wets a bed now four or five times to where she didn't but once before. We gave three or four doses, and I reckon if we had given her another dose or two more she would have turned into a fountain and flooded us out of house and home."

San Antonio, Texas. PEYTON TURNER, M.D.

Lines on a Skeleton.*

Behold this ruin! 'Twas a skull
Once of ethereal spirit full;
This narrow cell was life's retreat,
This space was thought's mysterious seat.
What beauteous visions filled this spot,
What dreams of pleasure long forgot,
Nor love, nor hope, nor joy, nor fear
Has left one trace of record here!

Beneath this smoldering canopy
Once shown the bright and busy eye—
But start not at the dismal void,
If social love that eye employed,
If with no lawless fire it gleamed,
But thru the dew of kindness beamed—
That eye shall be forever bright
When sun and stars are sunk in night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue;
If falsehood's honey it disdained,
And where it could not praise, was chained,
If bold in virtue's cause it spoke,
Yet gentle concord never broke,
That silent tongue shall plead for thee
When time unveils eternity.

Say, did these fingers delve the mine,
Or with the envied ruby shine?
To hew the rock or wear the gem
Can little now avail to them;
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that waits on wealth or fame.

Avails it whether bare or shod
These feet the path of duty trod?
If from the bowers of ease they fled,
To seek affliction's humble shed;
If grandeur's guilty bribe they spurned,
And home to virtue's cot returned—
These feet with angels' wings shall vie,
And tread the palace of the sky.

*Reprinted by request.

Eating Too Much.

I have the measles and the croup, the shingles and the mumps; my teeth have long been in the soup, aches playing round their stumps; Oh, I have bunions on my jaws, I have to use a crutch, and Doc, he says it's all because I'm eating too blamed much. I have the foot and mouth disease, of which the sawbones talks, and I've a pair of housemaids' knees, and likewise chickenpox. All nativ ailments I have got, and ailments French and Dutch, and Doc, he says—he makes me hot—I'm eating too derned much. And that's the way that Science goes, in these dad-blistered days; there is no pity for your woes, for any howl you raise. When you are bent beneath disease, the doctor prods your frame and springs again the same old wheeze: "My friend, you are to blame! You eat too much, you sleep too long, you don't take exercise; you never can be well and strong till you reform," he cries. Why can't he dope away our ills, since we have got the price? Why can't he cure us with his pills, and cut out good advice?—WALT MASON, in Philadelphia *Bulletin*.

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THE PRESCRIPTION PAGE.

Quinin Glycerate Lotion.

Quinin can be used locally for general systemic effect by combining it with glycerin as follows:

℞ Quinin bisulfate.....℥ j
Glycerin, q.s. ad.....℥ iv

Mix in hot-water bath. When it dissolves it will never separate.—*Jour. of Ther. and Dietetics.*

Salicylic Acid Ointment.

Salicylic acid can be used externally for general systemic effect as follows:

℞ Salicylic acid.....10 parts
Oil of turpentine.....10 parts
Lanolin..... 8 parts

—*Jour. of Ther. and Dietetics.*

Malaria.

Broadnax acid iron tonic will give good results if used locally. If desired quinin sulfate could be added to the Broadnax acid iron tonic and so used locally for general systemic effect of all the ingredients. The following prescription is reliable in malaria:

℞ Quinin sulfate.....℥ ss
Iron sulfate.....℥ ij
Magnesium sulfate.....℥ iv
Sulfuric acid.....℥ iv
Aquæ q. s. ad.....℥ xxxij

Sig.:—Tablespoonful three times a day.

I believe the above could be diluted and used externally for general systemic effect. It is so bad that but few will take it by the mouth. These are not too large for bad cases.—J. A. BURNETT, in *Jour. of Ther. and Dietetics.*

Anovulvar Vegetations.

Rudaux, in *Quinzaine thérapeutique*, says that the elasticity of the tissues is impaired thru the presence of these vegetations, which consequently predispose to lacerations in labor. Besides, these growths afford a nest for bacterial growth, which may be the starting point of puerperal infection or of purulent ophthalmia in the child. It is, therefore, important to treat these growths as soon as they appear. At first *vaginal injections* of the following solution are frequently sufficient:

℞ Potassii permanganatis.....gr. xv
Aquæ bullientis.....2 quarts

Fiat solutio.

Wet dressings of gauze moistened with the same solution should be simultaneously used. If the growths fail to disappear, each one should be treated with:

℞ Argenti nitratis.....gr. xlv
Aquæ.....℥ j

Or with:

℞ Chromii trioxidi.....100 grains.
Aquæ.....℥ v

After the application the following powder should be dusted on:

℞ Zinci oxidi
Talci
Acidi tannici, āā.....℥ iiss

Where the vegetations are observed for the first time at the close of pregnancy, they should first be disinfected with wet dressings of potassium permanganate solution or with hydrogen dioxid solution diluted with 2 parts of water. Then, five or six days later, they should be curetted and removed with scissors, each pedicle being ligated or, where a ligature would not hold, cauterized with the thermocautery. The rather copious hemorrhage which takes place at times should be arrested by applying pressure and some form of astringent powder.—*New York Med. Jour.*

Hysteria.

The following prescription will be found equal if not superior to the best in the treatment of hysteria and chorea:

℞ Monobromated camphor.....gr. xlv
Ext. quassia.....gr. xxx
Syr. belladonna.....℥ iss

M. et div. pill No. 30.

Sig.:—One three times per day.—C. W. CANAN, in *Medical Summary.*

Sunburn and Prickly Heat.

The following combinations are recommended:

℞ Sulfuris precip.....℥ j
Zinci oxidi.....℥ iv
Odei amygdalæ (expressed).....℥ j
Lanolini.....℥ j
Ext. violet.....℥ j

M. Sig.:—Apply freely two or three times daily; or:

℞ Ichthyol.....℥ ij
Olei amyg (expressed).....℥ ij
Ung. aquæ rosæ.....℥ vj
Lanolini.....℥ vj
Olei rosæ.....gtt. ij

M. Sig.:—Apply two or three times daily; or:

℞ Olei olivæ.....℥ iv
Menthol.....gr. xv
Ung. aquæ rosæ
Lanolini, āā.....℥ vj

M. Sig.:—To be used several times daily.—*Medical Sentinel.*

Mucous Colitis in Children.

Whipham states that it is necessary to exclude sugars from the diet and to administer alkalies to dissolve the mucus. The following may be given before meals:

℞ Potassii bicarbonatis
Potassii citratis, āā.....gr. v
Tinct. nucis vomicæ.....*m* ij
Inf. gentianæ comp., q. s. ad....f ℥ ij

A rhubarb and soda powder, together with 2 grains of gray powder, should be given every night or every other night.—*Merck's Archives.*

Gastric and Duodenal Ulcers.

One-ounce doses of oliv oil, night and morning, have good effect in gastric or duodenal ulcers. A very useful powder is the following:

℞ Calcined magnesia.....gr. viij
Bismuth subnit.....gr. xxx

M. Sig.:—One-half hour before meals.—C. W. BAKER, in *Medical Summary.*

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Tuberculosis.

DEAR DR. TAYLOR:—I have always read THE WORLD and received much aid from your valuable journal, but I come to you for a little more aid, and I believe you can help me more than ever now.

Kindly let me hear thru THE WORLD about the history of this patient:

Mrs. X., age 58; weight, 136; nationality, English-American; occupation, housewife.

Family History.—1. Father died at age of 79 years of pneumonia. His previous health was good.,

2. Mother died at the age of 34 years of T. B., and the duration of her illness was seven years. During this time gave birth to patient.

3. One sister living and well; age, 68 years.

4. Brother died at age of two years of whooping cough and was about two years younger than the patient.

5. Her husband is living and well.

Personal History.—1. Girl: During her childhood days she was not strong; had mastoiditis at age of six years and lost her hearing in the left ear. She also had scrofula, measles and whooping cough. She menstruated at the age of thirteen years and was quite regular; but took anemia and had fainting spells. After taking tonics for some time she became well and at age of 19 years weighed 150 pounds, and got married.

Married Life.—

I. She gave birth to 4 children.
- 1. Two living and well.
- 2. Two dead.
  - *a.* Spina bifida; age, 1½ yrs.
  - *b.* Diphtheria; age, 5 years.

She had a miscarriage at age of 42 years and was quite sick; then one year after took grip and pneumonia. She remained weak and rundown from May to August, then started with the present troubles (hemorrhages from the throat, as they appear to be) which lasted two months. After taking treatments from a throat specialist for some time the hemorrhage cleared up for about five years. Nine years ago she had pleuro-pneumonia, and since then had hemorrhages. Sometimes there would be no signs of them for six to ten months at a time.

Three years ago she had bronchial pneumonia and had many bad hemorrhages following for some time after. The longest she has been without a hemorrhage was six months and three months at a time since. They generally come on at midnight while asleep, and the quantity is from several mouthfuls to a pint or more of blood before it is controlled.

They seem to be from the throat, because several times she has not been able to produce a loud sound for a month at a time after these spells. A few swallows of NaCl sol. will control the hemorrhages as well as anything if they are not too bad.

Physical Findings.—Eyes normal, requiring about + 2.00 sph. for reading.

Nose, pharynx and tonsils normal except one turbinate is a little enlarged.

Larynx looks congested generally, but no lesion can be found which might cause the hemorrhages.

Trachea and lungs are none too good, especially the right lung. She has a hard, metallic cough, just before and after the hemorrhage, which may last from a month to eight or ten weeks.

Heart is normal, but upon percussion there is a slight increast dulness, and this last year she had often attacks of palpitation, followed sometimes with a remittent pulse.

Stomach normal; but complains of having no appetite.

Liver and kidneys normal. Bowels constipated.

Bladder normal, but before a hemorrhage she complains of a cystitis and it is mostly alkalin urin, but occasionally it gives an acid test during this time.

Uterus normal. She has not menstruated for four years, but for twelve years she had profuse menstruation.

Nervous System.—She is very nervous, yet the reflexes are normal.

Blood.—Her blood pressure is 130. Hemoglobin test, 70. T. B. test and sputum examination give negativ results. The character of the hemorrhage is a hack, and she has a mouthful of blood, but if it is severe it comes thru her nose also at first. There is no hemoptysis nor hematemesis about it.

Treatment.—There has been no end of treatments. All kinds of throat sprays, internal medicins, and vaccines have been tried, all with but very little results. Therefore I am presenting the case to you for more aid if possible, and I am sure some brother physician can give us some good suggestion that may help this lady and lift a heavy burden from her mind, that there is no more to be done in her case.

G. H. KAVEN, Ph.G., B.S., M.D.

Unionville, Mich.

[Your letter proves to us that she has been in good hands, and that you have handled her case well. Somehow, however, the description impresses us with the belief that she has latent tuberculosis, despite the negativ test with tuberculin. We have seen cases slightly resembling yours which gave positiv tests and were positivly tubercular. The tubercular larynx is sometimes quite pale, but we have seen it red and swelled. We would swab the congested throat carefully with silver nitrate solution and give her calcreose internally, as much as she could take, not forgetting good nutritious food, and life and sleeping in the open air. In fact, the present-day treatment of tuberculosis. Tuberculin is given to all such as do not react too much to its injection.

Doubtless some of the family devoting special

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attention to tubercular troubles will wish to comment on this case and to make suggestions thru THE WORLD.—ED.]

Books on Pediatrics.—Infant Feeding.

DEAR DR. TAYLOR:—Kindly give me name of what you consider best work on feeding of infants. When mother's milk does not agree, what do you think is the best substitute?

Wayside, Md. T. L. HIGDON, M.D.

[When we are forced to consider artificial feeding we begin with the Gail Borden brand of condenst milk. It agrees well with the majority of babies, and when it agrees, they grow fast and are fat. We like to change to other food when they reach 6 or 7 months of age, as it has seemed to us that such babies, even tho large and fat, have deficient stamina when attackt by any disease.

We have had some great success by the addition of citrate of soda to ordinary cows' milk when one can be sure of the quality and cleanliness of the milk. Sometimes it must be reduced by adding water and fortified by incorporating cream. We use 2 grains of the citrate to the ounce of the milk just before giving it to the infant.

We cannot give our personal opinion of any given book in this column. All of the late works on dietetics and infant feeding give the accepted rules for the modification of cows' milk. Write to any of the publishers advertising in our pages for information on such works. It has been our opinion that when a babe demands artificial nourishment one must work out a system for that individual babe. We have seldom seen the rigid rule work out acceptably, but careful study and cautious experiment, guided by the accepted rules, generally lead one to success.—ED.]

Abdominal and Pelvic Cramps.—Sterility.

DEAR DR. TAYLOR:—Perhaps some of the family can help me with this stubborn case:

Married woman, aged 20, never been ill except for dysmenorrhea, finds sexual intercourse but mildly exhilarating and absolutely no pain with it, but about one-half hour subsequently suffers severe abdominal and pelvic pain, both sides, of cramping character, which lasts from one to three hours. This always follows intercourse (average once a week). She has been married three years, has never been pregnant and is especially anxious to bear children.

A year ago I dilated her cervical canal under anesthesia to relieve her dysmenorrhea and to facilitate conception. It helped the first but not the latter.

She is not tender to thoro bimanual digital examination; uterus in good position and freely movable (rather small) and shows no sign of disease; sleeps well; appetite fair; b. m. once daily, of good size and consistency; urin O. K.; hemoglobin 85%. I have not made a blood count.

She has been circumcised, been on Blaud's and elix. hypophosfites comp. as a tonic, which she evidently needs.

Why should she have the pain after intercourse? What else should I do to help her become pregnant? Her husband is a young fellow who has never had venereal disease, his spermatozoa are activ, and he is very gentle and considerate with her. Any suggestions will be appreciated.

Cloquet, Minn. ALEXANDER BARCLAY, M.D.

[You do not say just how "small" the uterus is. If she has an infantil uterus, you will not likely get any improvement until after a developing course of intrauterin application of electricity, which is the only method of treatment promising anything in such cases.

We are unable to explain the pain following intercourse. We might suggest as an hypothesis that the titillation incident to coitus irritates the nerves supplying the uterus, with consequent contraction of the muscular structure and production of the "cramplike" pain. It might also be suggested as a possibility that the semen having gained entrance to the uterus (for some reason) causes irritation, with efforts at expulsion by contraction.

Were the case ours, we would make intrauterin application of Churchill's tincture of iodin, over a long period, if the facilities for proper electrical treatment were not at hand. Under the circumstances, too, we should certainly consider artificial impregnation—that is, the attempt to produce it. We believe the enlargement of the generativ organs incident to pregnancy, if abortion did not intervene, would remove the trouble. It is a rare and interesting case, and will without doubt provoke discussion and quite probably the production of other similar cases, whereby we may all learn something. Should you follow our suggestions for treatment, we are convinced that a further and later report will be of interest to many of the family.—ED.]

Malarial Cachexia.

EDITOR MEDICAL WORLD:—I would like to get your opinion in this case that I will describe, one which I had last fall and which caused considerable comment among the doctors here, only one of them confirming my diagnosis.

The patient was a boy about 6 years old, and the first day I was called he had a temperature of 103° and pulse 120. He had had a chill, and following the fever he had a sweating stage. This fever remitted daily, never coming down to normal and in a few days not going beyond 102°. The spleen was considerably enlarged, and also his liver was slightly enlarged, later becoming greatly enlarged. His tongue was heavily coated and bowels very irregular. The boy complained of pain in his stomach constantly, which I attributed to gastric irritability. These were practically all the symptoms he had.

In about two weeks' time the fever had abated and the pulse become slower (90). The spleen had been reduced in a few days with the use of quinin sulfate, but his liver steadily increast in dulness till it was within an inch or two of the crest of the ilium. His bowels, with the use of fractional doses of calomel, become regulated. Anorexia was present and with the aid of digestants quite a bit of food was taken, vomiting following frequently.

This boy's case passed into malarial cachexia and as a consequence died in about six weeks.

This boy gave a history of an injury over his stomach, and one doctor said that his illness was due to his injury, which I do not believe, as his injury happened some time previous to this illness. I thought that there might be some possibility of a sarcoma, but in looking up my work I found that the symptoms were very much unlike those of sarcoma, altho one doctor thought there might be.

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My diagnosis of this case was remittent fever. It was similar to many cases of this nature that I had while I was a physician in a camp of nearly a thousand men for the Stone & Webster Engineering Corp.

The doctor agreeing with me in my diagnosis has had considerable practical experience with patients in the lowlands and I would like to get your opinion as to what you think of this case.

Howell, Mo. L. E. BELDING, M.D.

[We are inclined, from the data given, to concur in your diagnosis. If an injury had caused the trouble in the liver, it would probably have been sarcomatous, and we doubt the existence of this condition without symptoms of sufficient clarity to render the recognition of the actual condition easy. One who has had extended practical experience in this line of malarial trouble is not likely to be mistaken, especially after the therapeutic test of the power of quinin has been workt out. You should have made an autopsy on the boy and carefully examined his liver and spleen.—ED.]

White Spots on Skin.

EDITOR MEDICAL WORLD:—Please give me diagnosis and treatment for the following case:

Miss E., 17 years old, family history good. Since last February has white spots on hands and arms to elbows, also on her face the skin looks brown, but not bronze, more of a fawn. Her heart is in good condition, liver and stomach normal. Has good appetite, feels good; menstruates regularly; no pain. She was baptized in February while menstruating, but did not stop menses and has been regular since. Kidneys do not act good. Has little puffing under eyes at times. These spots go nearly off at times, then reappear. They are large spots of a long, not round, shape; look more like a pregnant woman with spots. I do not think this Hodgkin's disease. I never have seen anything like it.

What is it and what can I do? I have been giving her general tonic treatment, also uterin tonic. At times seems better, then the spots recur. W. E. GAMMON, M.D.

Louisburg, Mo.

[You do not give enuf details upon which to base a diagnosis, and your description of the "spots" is very meager. It may be chloasma. If you will cautiously apply a solution of 2 grains of bichlorid of mercury to the ounce of water, two or three times daily, it will cause a desquamation of the epidermis, and disappearance of the spots. If this fails, write out a complete description of the spots, and we will try to suggest the probable diagnosis.—ED.]

Harrington's Solution.—"Twilight Sleep."

EDITOR MEDICAL WORLD:—Would you be kind enuf to publish in THE WORLD the formula for Harrington's antiseptic solution?

Also could you refer me to some article on "twilight sleep," or *Dämmerschlaf*, as used at the University of Freiburg Lying-in Hospital? The article on "Painless Childbirth," in *McClure's Magazine* for June, seems to have stirred up public interest in the subject to a considerable extent, and I should like to know where further information could be obtained. C. SCHUMANN.

Delhi, N. Y.

[We are unable to locate the formula for Harrington's antiseptic solution in any of our works of reference. If any of the family can refer us to the source of this information we will gladly publish it.

"Twilight sleep," or scopolamin-morphin anesthesia, has been in use for a number of years by obstetricians and surgeons. It has gained its greatest popularity in Germany, tho many enthusiastic users of it are found here. It is by no manner of means the absolutely safe and harmless agent one would be led to believe by perusal of the magazine article. Many practicians who have given it a trial have discontinued it because of the alarming symptoms produced in the infant. Others continue to use it, and indorse it highly. Owing to the instability of solutions, it should always be used in the tablet. A cardiac stimulant, such as cactin, is frequently incorporated with it to offset the depressing effects of the scopolamin.

The first dose is given when labor is well establisht, 1/150 of scopolamin and 1/6 grain of morphin being employed by hypodermic injection. In half to three-quarters of an hour the patient becomes drowsy and sleeps during the interval between pains. A second injection of 1/150 to 1/200 of scopolamin without the morphin is then given, and if called for, a third is given an hour later. If the patient complains of pain, or if she can readily recall it, it is considered that the third dose is indicated. The child is often born comatose, and fails to cry, but is generally easily aroused. The mother, if she has been thoroly narcotized, remembers nothing of the labor or of having had any pains.

It is said that it has a slight tendency to encourage postpartum hemorrhage. We advise those who propose using it to gain their own experience and from this to be their own judge as to whether or not it is wise to employ it routinely in private practise. It by no means does away with the necessity for the use of forceps.—ED.]

EDITOR MEDICAL WORLD:—Making reference to June *McClure's* article on "Painless Childbirth," I wish to take the privilege of an old subscriber and ask you to write upon this subject and give an intelligent idea to those, like myself, ignorant of this special branch of a something that every obstetrician has been trying for years to at least approximate as a fact, viz., mitigation of excessiv pain in the act of parturition.

WM. T. HAMILTON, M.D.

1520 St. Andrew St., New Orleans, La.

[See answer to Dr. C. Schumann above. Literature will be sent you by any of the tablet makers.—ED.]

Enlarged Prostate.

EDITOR MEDICAL WORLD:—Is there any remedy for enlarged prostatic gland aside from a surgical operation? C. L. VAUGHAN.

Brooklyn, Mich.

[Judicious massage of the prostate thru the rectum and the use of the psychrophore help many cases. The psychrophore is manufactured by the Waldex Company, New York, N. Y. It is attacht to a reservoir and carries a stream of iced or of hot water into close contact with the prostate gland thru a specially shaped nozzle inserted into the rectum, the nozzle being provided with a two-way tube by which the water escapes.

You will be interested in Overall's "Diseases of

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the Prostate," which you can obtain from any medical bookseller. This book takes up the non-surgical treatment of prostatic affections.—ED.]

Treatment of Pellagra.

EDITOR MEDICAL WORLD:—Will you and some of your family please give me your best treatment for pellagra? I have some patients on hand and they get along too slowly to suit me. I use arsenic, iron, cacodylate of soda and potassium iodid. When there is markt anemia I use instead of arsenate of iron green citrate of iron, 2 grains of the drug at a dose. For the frequent diarrhea, bismuth, betanaphthol and resorcin, given with milk of bismuth as a vehicle. If this fails, tannigen or heavy doses of bismuth subgallate, or, as a last resort, powdered opium. For the sore mouth, throat, etc., I use a solution of thymol, 1 grain to the ounce of water, a little alcohol being used as a solvent; also a 25% solution of boroglycerin I find is helpful. For the aphthous spots in the mouth or on the lips or tongue an application of silver nitrate (20 grains to the ounce of water) is in most instances efficacious; also chlorate of potassium, saturated solution, used to mouth and throat every two or three hours, with tincture of iron as a gargle, etc.

One patient is now about crazy at times; been sick since last September. No sign of disease about her except anemia. Let me thank in advance you or any of the medical family for suggestions as to treatment of pellagra.

Scurry, Texas. J. A. CRAVEN, M.D.

[We think you are handling your patients well, and we fear we cannot help you much. There is no specific remedy for pellagra, and it needs much study yet. Have you employed the cacodylate hypodermically? This form of administration seems to produce much better results than by administration by the mouth.

We might suggest that you try hexamethylenamin. It has been given by some practicians with speedy and markt effect. It is employed in 10 to 15-grain doses, dissolved in much water, every four hours. The addition of half a dram of sodium bicarbonate to each dose appears to add to its therapeutic power. In a few cases, under its use, the kidneys will become irritated, and hematuria may result. If this happens, the use of the drug must be at once discontinued.

Probably some others of the family will want to contribute to this very interesting and important matter. You could well study Niles' book on "Pellagra," publisht by W. B. Saunders Co. at $3.—ED.]

Sexual Neurasthenia.

EDITOR MEDICAL WORLD:—A condition to which very poor attention is given, and which is becoming perhaps as prevalent as consumption, even in the agricultural and mining sections, is venereal neurasthenia. The prescribed treatment of the books, and electro-therapy, avail little. Is there any cure (in the numerous cases) with "overwork" the cause? C. R. DEWEY, M.D.

Olivet, Mich.

[Overwork could never be the *cause* of "venereal neurasthenia." The victim of venereal disease, who is overworkt, may become neurasthenic, but the cause is not in the arduous labor. The actual cause of sexual neurasthenia in the venereal victim is brought about by quack literature and by incompetent treatment and too much talk at the hands of medical practicians. There is no specific for any case. The fundamental essential is to get mental control of the patient. This is generally easy, if one will take the time for a sensible "heart-to-heart" talk with the patient, and earnestly try to gain his absolute confidence. This presupposes ability to search out and properly treat any existing pathologic condition, and to demonstrate to the patient the absence of any such condition in event of none being present. One must be able to make microscopic examinations of any discharges; to massage the prostate; to pass cold sounds in a proper manner; to make deep instillations into the urethra; and to do any other thing necessary either for actual remedial treatment or to make a psychologic impression. One must not attempt any cheap clap-trap methods; these are nothing more than the worst of quackery, and such patients are quick (sometimes) to detect such chicanery. Show your competency to handle his case, and you will get him in the proper frame of mind for the cure. Many times it does not do to be too frank in telling him that he has nothing the matter with him—this must be a matter of judgment, and oftentimes must be deferred till later in the treatment. No medicin can cure such cases. It is necessary to make thoro local examinations and to give appropriate local treatment, even tho the local treatment has little object other than to impress the patient with your knowledge and skill. To train a dog properly, "one must first know more than the dog." It is a fact that many unfortunate sexual neurasthenics fall into the hands of practicians who actually know less about the condition they attempt to treat than do the patients themselves. Such conditions are wrong. Let physicians fit themselves to handle such cases, and there will be much less of chagrin and dissatisfaction in their handling.

"Sexual Disorders of the Male and Female," Taylor, sold by Lea Bros. & Co., New York and Philadelphia, Pa., at $3; "Sexual Impotence," Vecki, Saunders & Co., Philadelphia, Pa., at $2.25 net; "The Sexual Disabilities of Man," Cooper, sold by Paul B. Hoeber, 69 East 59th St., New York, N. Y., at $2; "Sexual Impotence," by Wm. J. Robinson, New York, are excellent books to guide the physician in such cases. With honesty of purpose, with self-consciousness of ability to understand and to properly treat such cases, with judicious application of the well-known methods of handling mental patients, one cannot fail to inspire confidence in the patient, and hence to cure him.—ED.]

Angioneurotic Edema.

EDITOR MEDICAL WORLD:—Would you please indicate the prognosis and treatment of angioneurotic edema? G. W. DAVIES, M.D.

Kansas City, Mo.

[Angioneurotic edema differs in no way in etiology, prognosis, pathology or treatment from the ordinary urticaria. The vasomotor mechanism of some individuals is so unstable as to be easily upset by a very slight degree of autointoxication or by indiscretion in diet. Giant urticaria is simply an evidence of extreme susceptibility of the vasomotor mechanism or of profound intoxication.

As to treatment: if seen early, an emetic is the quickest method of attack. If not seen till later,

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a brisk saline cathartic is always indicated, in order that the intestinal tract be swept free from the products which are causing the trouble. In the cases where an urticarial attack is only the culmination of prolonged digestiv disturbances, calomel is the cathartic of choice. It is slower, but produces the prolonged effect to be desired. Elimination thru the kidneys, too, by activ diuretics, is to be taken advantage of. The skin will also aid in freeing the system of poisonous products if hot baths are taken, and to these baths may be added bran and mild alkalies. The bath should be used daily, in chronic conditions, and is to be protracted up to twenty-five or thirty minutes. Soda bicarbonate is generally the most convenient alkali and is usually efficient. Common salt may be used, or borax may be employed. If the alkalin bath should fail to give relief, one may try an acid bath of equal parts of vinegar and water; or of alcohol 2 parts and vinegar 1 part: the latter mixture being used, of course, merely as a sponge bath. A 2% solution of carbolic acid with glycerin in water; or a solution of boric acid in water and witchhazel, may be freely and frequently sponged over the skin affected. Camphor, chloral and carbolic acid, of each, 2 to 3%, in a mixture of equal parts of distilled witchhazel and alcohol, is a favorit lotion to relieve itching, and the effect is sometimes enhanced by adding 1 or 2% of menthol. Zinc oxid or calamin may be added to any of these lotions, and sometimes seem to increase their efficacy and prolong their effects. Stearate of zinc is a dusting powder of notable merit in these cases, used dry, following the lotion or without application of any liquid. Should the skin be broken by scratching, the stronger carbolic and menthol lotions should only be employed with extreme caution.—ED.]

Cataracts.

EDITOR MEDICAL WORLD:—Do you know any medicin that will absorb or remove senile cataracts?

Any information that you or the brothers may give will be appreciated. W. U. HODGES.

Weaubleau, Mo.

[The profession does not acknowledge that any medicin has this power, but a proprietary preparation claiming this virtue is freely advertised in a certain class of medical journals.

Why not remove them safely, quickly and painlessly by the usual surgical procedure? Follow the operation by fitting appropriate glasses, and judicious attention as given by the specialist, and you will probably be much better satisfied.—ED.]

Stomatitis and Indigestion.

EDITOR MEDICAL WORLD:—After reading THE WORLD for twenty-five years, I now come with a case for the "clinic."

M. G., age 13, well-developt lad, never been sick until four years ago, when he developt a case of ulcerativ stomatitis, which did not get well. Dr. No. 1 only treated him a short time; No. 2 ten months, then no treatment for a few months, during which time he grew weak—tired easily. No. 3 treated him thirteen months. He regained his former vigor, but the sores in his mouth went triumphantly on. I have seen him every two weeks for five or six months and have no better success than the others.

A typical sore begins with a red, slightly indurated spot on tongue, inner lips, or buccal surface; in a few days it will ulcerate, and after spreading in some one direction slowly for two to five weeks it will heal, leaving a firm, hard cicatrix, which slowly disappears. The mouth is never free, but contains from one to a dozen of these bothersome sores. He is now well in all other respects so far as I can see.

Family history seems to be negativ. The father has a nevus of face and lips, but I can get no history of syphilis, T. B. or cancer in family. The boy attends school in winter, and works on farm in summer. He eats, sleeps, works and plays normally. Urin negativ, bowels regular, tongue not coated.

I first tried out the K. I., with negativ results. Cauterized the sore spots with various caustics (as silver nitrate, protargol, etc.). Local mouthwashes *ad infinitum*. What's the trouble? What can be done for him? J. C. FRETZ.

Deedsville, Ind.

[Boys of this age are notoriously poor masticators of food, and we should ask some one in authority to see that his food is thoroly masticated. Of course, we cannot say definitly as regards this case, but we have seen many due to indigestion incited by bolting the food. Along the same line we would give him a mild laxativ, assuming that the intestinal functions were sluggish. We would have him secure a good toothbrush, and cleanse the teeth thoroly after each meal, then follow with a thoro rinsing of the mouth with some mild antiseptic wash.

You do not describe the gingival condition, but we assume that he has no pyorrhea alveolaris. Should this exist, it will require special treatment directed toward that condition, vaccines now being used.

Temporarily, we would put him on digestants, such as elixir lactated pepsin, 80 grains to the ounce; 2 drams before each meal.

Your treatment has been directed merely toward curing the lesions after they form. You could never expect to cure the cause of the trouble in that way. We are by no means positiv that the suggestions we make will be curativ, but that is the line of treatment first indicated. It may be necessary to incorporate alkalies, like potassium bicarbonate, with the digestants. Persistent oral cleanliness, and liberal use of mild antiseptics, with inducing normal digestion and evacuations, are generally sure to eliminate all such troubles.—ED.]

Crawling Skin Sensations.

EDITOR MEDICAL WORLD:—Have read with my father THE MEDICAL WORLD for many years; in fact, since I was 15 years of age THE WORLD has been a favorit with me; likewise meritorious.

My father, Dr. F. M. Wilson, has been in very poor health for six months, and during the past few weeks my father's pain has been almost unbearable and it does appear that he cannot live much longer unless something can be done for him, medical or otherwise.

My father has used morphin for twenty-five years and ten years ago he commenced using a hypnotic compound consisting of chloral, hyoscyamus and cannabis indica, etc. The morphin consumed now is 3 ss, and an ounce of chloral lasts ten days.

Now, Doctor, I shall endeavor to describe my

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father's symptoms, and will say that on account of his peculiar heart affection we are unable to lessen the amount of the drugs he takes.

For a number of years my father has suffered with a peculiar crawling sensation over the heart and it is this that causes such intense mental suffering now. There are only slight valvular changes and some of the best physicians in Atlanta were unable to diagnose this crawling sensation. In addition, my father now suffers intense pain in the knee joints and sacro-iliac joints. He has a fair appetite, but food does not seem to nourish him.

Doctor, I have not given a complete history nor are the symptoms given in a scientific manner; however, you may be able to suggest something for my father. SOUTH.

[We suggest that you write Dr. T. D. Crothers, Walnut Lodge Hospital, Hartford, Conn., describing fully your father's condition. Dr. Crothers has made a long and exhaustiv study of the effect of morphin used to excess, and of the treatment of *habitués*, and is better able to advise in such a case than we would be. He has written many articles and is the author of various books along this line, but we prefer to have you take up the individual case direct with him instead of referring you to literature. We might say that the sensation described is quite likely due directly to the ingestion of the morphin itself. It is very likely that your father could get along without the morphin. Mere "crawling" sensations on the chest should not annoy him. Massage and hydrotherapy should overcome that.—ED.]

Books on Sex.

EDITOR MEDICAL WORLD:—Can you name one or more good books that can be given to young girls about 14 years old, to read on womanhood, explaining menstruation, marriage and pregnancy? Also books for boys the same age. Also price.

Thanking you for the favor, I remain,
Denison, Texas. J. F. STEIN.

[There are many such books on the market now, and they are obtainable in any good book store. We could not take space to mention all of them, but the following are fair examples: Ten Sex Talks to Girls, Steinhardt, publisht by J. B. Lippincott Co., Philadelphia, Pa., price $1 net. Ten Sex Talks to Boys, same author, publishers and price. There are some books by Dr. E. B. Lowry, reviewed in our columns heretofore. Vir Publishing Co., 15th and Race Sts., Phila., also publish a series of books on the subject.—ED.]

EDITOR MEDICAL WORLD:—I saw advertised some time ago in a medical magazine a booklet entitled a "Letter from a Physician to His Son," dealing with sex, etc. On looking over magazines I do not find it. Can you give address of publisher? LEWIS A. TWINING.

Borodino, N. Y.

[The book was reviewed in our columns some years ago, but we cannot now locate it in our library. We cannot trace it in medical catalogues, as books are listed under author's names.

Doubtless some of the family will be able to refer us to the address of publisher and price. —ED.]

Chordee is quickly relieved by a hot sitz bath of a few moments duration.

MEDICAL FRAUDS.

Adulterators and Misbranders of Drugs Fined.

The Department of Agriculture has publisht several Notices of Judgment, covering the results of prosecutions under the Food and Drugs Act.

Rhode Island Pharmacy (Inc.).

The Rhode Island Pharmacy (Inc.), Samuel A. Richardson, Henry W. Smith, Moses Sexton, Henry Walters and Peter J. Duncan, were each charged by the government with the sale, or offering for sale in Washington, of "dilute hydrochloric acid," the adulteration of which was alleged in that it did not meet the standard of strength and purity determined in the "United States Pharmacopeia." Misbranding was alleged for the reason that the product was labeled to mislead and deceive the purchasers into believing that it was a dilute hydrochloric acid conforming to the standard set forth in the "United States Pharmacopeia," when, as a matter of fact, it was not. On June 18, 1913, the court imposed a fine of $10 in each of the first four cases mentioned above; on June 19, 1913, Henry Walters was fined $10, and on June 20, 1913, Peter J. Duncan was fined an equal amount.

Magnus, Mabee & Reynard.

Magnus, Mabee & Reynard, a corporation of the State of New York, was charged with the shipment from the State of New York into the State of Pennsylvania of a quantity of oil of bitter almond which was adulterated. The shipment was labeled "Oil Bitter Almond USP Magnus and Lauer, New York. Packed for Shipley Massingham Co., Pittsburgh, Pa., 1 lb. net wgt. U. S. Ser. No. 1245," and adulteration was alleged for the reason that the shipment did not answer the requirements for oil of bitter almond recognized in the "United States Pharmacopeia" in that it was deficient in hydrocyanic acid and contained chlorinated products. On May 22, 1913, the defendant company entered a plea of guilty, and on May 23d the court imposed a fine of $100.

This company was also charged with having shipt into the State of Pennsylvania a quantity of oil of cassia which was adulterated and misbranded. The product was labeled "Importers and Manufacturers Purity and Strength, Oil Cassia. Magnus & Lauer, New York, U. S. A. Packed for Shipley, Massingham Co., Pittsburgh, Pa. Serial No. 1245. 4 ozs. Net Weight." Analysis of a sample by the Bureau of Chemistry showed that it differed from the standards determined in the "United States Pharmacopeia," and that it contained rosin and lead. For these reasons it was alleged that the product was adulterated. Misbranding was alleged in that the label would indicate that the drug was oil of cassia, whereas it was a mixture of oil of cassia and rosin. It was also charged that a quantity of oil of anise included in the above shipment was adulterated. This product was labeled "Importers and Manufacturers, Purity and Strength. Oil Anise. Magnus & Lauer, 92 Pearl St., New York, U. S. A. Packed for Shipley, Massingham Co., Pittsburgh, Pa., Serial No. 1245, 4 oz. net weight." Analysis of a sample of the product showed that it did not meet the requirements recognized in the "United States Pharmacopeia." On May 22, 1913, the defendant company entered a plea of guilty to the government's charges, and on May 23d the court imposed a fine of $50.

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Wine of Cardui.

The *Journal of the American Medical Association* on April 11, 1914, gave an extended description of the Wine of Cardui. We have had many inquiries in regard to this, and suggest that all desirous of information on the subject should write to the Association at 535 North Dearborn Street, Chicago, Ill., for a copy of that issue.

Eckman's Alterativ.

EDITOR MEDICAL WORLD:—I inclose an advertisement of "Eckman's alterativ." The stuff has been selling for $2 per bottle in this locality. Could you publish in columns of THE MEDICAL WORLD the composition of this nostrum?

Zion, Md. D. L. GIFFORD.

[Eckman's alterativ was described in August, 1913, WORLD, page 343.—ED.]

A German Lottery.

The Editor has received an invitation to invest money in a lottery in Hamburg, Germany. As we are not in the habit of gambling and have always recommended to our readers to take no "gambler's chance," we regretfully decline to send any money to Germany to a person unknown to us to pay for or to invest for us in tickets in a lottery scheme, altho we seem to be sure winners, according to the circular we received. We have always stood for safe and sound investments and advise earnestly against get-rich-quick schemes, which only enrich their promoters, except those who are entrapt by the law. We hope that none of our readers who may have received similar circulars will send any money to Hamburg for lottery tickets.

A Campaign Against Quack Advertising.

The Chicago *Tribune*, on August 27th, began the publication of a series of articles giving a detailed exposé of the advertising quacks operating in and from Chicago. Faker after faker was exposed and the names of the men who owned the advertising offices, as well as the owners of the property, were publisht. The result has been that many of the quacks have been driven from the city and several have been successfully prosecuted. The American Medical Association has been permitted to reprint the *Tribune's* articles in a pamphlet of 142 pages, entitled "Men's Specialists Frauds."*

The Dauphin County (Pa.) Medical Society, on January 6th, passed resolutions instructing its secretary to ask all the newspapers of the county to refrain from publishing advertisements for the treatment of diseases peculiar to men and women, and it is hoped that the matter will be followed up not only by the society but by its individual members. Society resolutions are helpful only when followed up by individual action. The Chicago *Tribune*, December 19th, says editorially: "The paper that sells publicity to a known fraud is a partner in the fraud, and deserves to be punisht for its part in the fraudulent transactions in the profits of which it participates. Against their joint deceit the public ought to be protected." Is the individual subscriber or the regular purchaser of a daily paper less responsible in this matter than the editor and publisher? The physician who subscribes for a newspaper that publishes improper advertisements without making a personal protest to the publisher against such advertisements is a copartner in the evil.

In all of our larger cities there is at least one paper that is fairly clean both as regards its news and advertising matter, and it is the business of the conscientious citizen to give such a paper his support. The writer is not prepared to give a list of all the clean newspapers in the state. The *Public Ledger* and the *North American*, of Philadelphia; the *Pittsburgh Post*, the Scranton *News*, the Harrisburg *Patriot* and the *Wilkes-Barre Record* may be mentioned as prominent dailies suitable for family reading. It is hoped that there are many other clean papers publisht in the state.—*Penna. Med. Jour.*

*See February WORLD, page 89.

AUTOMOBILE TALK.

In rainy weather the wind shield becomes almost opaque from the adhesion of the rain upon the front of it. A good way to overcome this is to moisten the front of the glass with glycerin, which mixes with the water and the latter spreads out in an even film, thus not interfering with vision. Some motorists use a mixture of kerosene and glycerin.

* * *

The likelihood of skidding, or slipping, in wet weather is proportional to the smoothness of the road and its composition. Slow, careful driving, keeping the rear wheels tracking the front ones, without heavy grades, may suffice, but the use of chains around the tires is much safer. A chain on each wheel, four chains in all, is the safest measure one can take against skidding. Very heavy cars need this number. A medium-weight car can get along very well with a chain on each rear wheel. A light car, under ordinary circumstances, can be kept from skidding by the use of one chain.

Chains are hard on tires, cutting into the rubber if used much. It is well, therefore, not to use a chain when it is not needed; but it is not safe to leave them off when they are needed. By all means, remember the new slogan, "safety first."

* * *

We have not heard from any more of our readers in regard to their experiences with solid tires. Electric automobiles are equipt with solid tires, and heavy trucks likewise. It is said by writers on the subject that the rapidly moving car requires the pneumatic tires on account of the greater amount of vibration produced by the rapid motion of the engine and the car wheels. Perhaps the argument is more theoretic than practical. We have heard of shock absorbers, invented by a man in Philadelphia, so made that they will allow of the use of solid rubber tires without damage to the mechanism. He is said to be using them on his own car satisfactorily. This may point the way to the universal use of solid tires.

* * *

This brings up the subject of shock absorbers on automobiles. These are "devices intended to prevent harsh action of chassis-supporting springs, either by providing some retarding means to keep the spring from working too fast, deflecting too much, or act as a check to prevent too rapid rebound after deflection" (Pagé, "Questions and Answers on Automobile Construction," etc., page 581). These are usually springs and act as countersprings to those first placed on the car. Automobile manufacturers should make countersprings on their own cars, and then there would be no need of buying and attaching additional springs on the car. We have seen some that were merely bands of iron attacht beneath the car body, U shaped, and encircling the rear axle, thereby preventing the car body from being bounced up high. These are easily made and attacht.

* * *

Where roads are good and free from ruts and water-deflecting spurs, excessiv jolting and bouncing are happily scarce. Good roads are not only a pleasure to motorists and all vehicle riders and owners, but are also economical to them. They result in a minimum of wear on all things that use it.

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One of the best assets of any community is a good road. Travel and traffic are easier and safer; produce is cheaper because of this; property is more valuable and can be taxt correspondingly; dust is considerably lessened and the transmission of disease is likewise reduced because of the lessened quantity of dust in the air; houses are cleaner and less work is required to keep them so. One writer says that the absence of weeds from the roadside is conduciv to health, as the weeds breed disease. We know men who maintain good roads alongside their own farms at their own expense.

A clay road is good when it is compact, dry and not dusty. A very little travel suffices to raise a cloud of dust on it, however. Shale roads and gravel roads are better, especially when slightly moist. Oiling dirt and macadam roads is a method of making them dustless, but such treatment is quite expensiv in the long run as it must be repeated from time to time. Previous to the advent of the automobile, macadam roads were very satisfactory, but they will not stand heavy automobile traffic.

The best roads that we know of and which are not only satisfactory for equestrian travel, but will also stand heavy automobile travel, consist of a mixture of broken stone and asphalt. Such roads are dustless and require very little repair. The initial cost of such roads is high, but as the cost of maintenance is low, they are cheap in the long run. This type of road construction is becoming very popular in the vicinity of Philadelphia and also in many other sections of the country.

You need good roads, and the sooner you get your neighbors to want them the sooner you will have them. Impress on your neighbors the need for good roads.

* * *

The practise of "making road," as followed in some agricultural communities, by spreading loose stones over it is probably the worst way to repair a road. It is certainly the most difficult kind of a road for any vehicle to travel over. It is disastrous to rubber tires. Whenever stones are placed on a road they should be rolled down smooth. Gutters crossing roads should be eliminated. The aim of the roadmaker should be to attain a level or slightly crowned (or sloped) road, smooth and hard.

* * *

Another physician tells of unsatisfactory experience with an automobile, as follows:

EDITOR MEDICAL WORLD:—I have had some auto experiences I would like to tell "the family." Bought a Hupmobile in 1911. "Guaranteed for life." Paid $950 for it. Have paid out $2,100 for repairs and repairing and had it in the shop half the time. They claim they are making a better car now. I hope so.
Merom, Ind. J. J. PARKER, M.D.

We regret to learn of so much trouble with a car. But better materials should be used by makers of automobiles. J. C. R.

C. L. Mulas (*N. Y. Med Jour.*) administers 3 drops of 1 to 1000 adrenalin chlorid solution every 3 or 4 hours by mouth for *whooping cough*, and reports cures in two weeks.

Dr. J. Cropper, of Chepstow, Eng., uses successfully for *painful anal fissure* and *pruritus ani* tincture of iodin and compound tincture of benzoin, painted on every second day.

CURRENT MEDICAL THOUGHT.

Relief From Professional Duties on Sunday.

In some of the cities of Germany the physicians are organizing to enable them to have Sunday free for leisure. In Berlin it is proposed to divide the city into districts. In each district one physician will have charge of the substitute service and send out quarterly to physicians, pharmacists, newspaper offices and to the central police station the schedule of service as arranged. The individual physician will thus be on duty according to the number of physicians belonging to his district, at the most once a quarter, while the others may leave their practise unconcerned on Sunday in order to get recreation. The physician who is on duty must be paid immediately for his visit and must report at once to the family physician and to the physician previously called, as well as to the superintendent, and must not on any account continue the treatment of the case. The plan proposed seems to answer the purpose, namely, to enable the physician wishing recreation to secure it without detriment.—*Jour. Amer. Med. Assoc.*

Treatment of Night Terrors.

Comby (*Bulletin médical*) believes that night terrors in children are, in more than one-half of all cases, of toxic origin. Autointoxication from the gastrointestinal tract should especially be thought of, gastric motor atony and constipation being frequently associated conditions. Alternating diarrhea and constipation due to enteritis are also often met with, and in the treatment it is of great importance to correct any existing dietetic errors, *e. g.*, excess of food, coarse and indigestible food, rapid eating, unduly large fluid intake or the use of excitants, such as alcohol and coffee. At the evening meal milk, water or some simple, bland infusion should alone be permitted. Reflex causes, such as ascarides or pinworms, adenoid growths, hypertrophied tonsils, hernia—especially umbilical—and occasionally phimosis or testicular ectopy, should likewise be sought, and corrected if found.

Simon laid stress on three possible causes of night terrors: (1) congenital syphilis, yielding to antiluetic remedies; (2) attenuated forms of malaria, in which case arsenic and quinin are to be used; (3) inherited gouty tendency, in the presence of which a milk and vegetarian diet and at times small doses of colchicum give excellent results.

Nervousness predisposing to night terrors can best be dealt with by administering tepid baths before bedtime, at least two hours after supper. Exciting stories or fatiguing occupations in the evening are to be prohibited. Pillows containing horsehair are to be preferred to those stuft with feathers. Placing powdered camphor under the bolster appears at times to be useful.

During the actual periods of terror, fresh air, cold affusions, verbal encouragement and the inhalation of ammonium carbonate or a few drops of ether or ethyl bromid suffice as palliativs. To diminish the frequency and intensity of the attacks, bromids may be used, while in the event of persistent insomnia, small amounts of sulphonmethane, sulphonethylmethane or ethyl carbamate —the latter in doses of 4 to 8 grains—can be ordered in a little lukewarm milk or water sweetened with sugar.—*New York Medical Journal.*

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Simple Subcutaneous Cut to Cure "Trigger Finger" or "Snap Finger."

Robert Abbe relates that, after studying many cases, he operated on the hand of Dr. Robert F. Weir. Under cocain anesthesia he made a long incision, beginning near the distal joint of the finger, but found no relief to repeated snapping tests with the exposed tendon until he had cut nearly to the middle of the palm. Then, by division of the *constricting transverse fibers* resting on the tendon sheath instant relief was afforded. He decided to try, in the next case, a simple subcutaneous cut with a fine knife at this point, or *exactly under the extreme flexure crease of the palm.* In the next case he painted the part with iodin, inserted a fine bistoury in the flexure crease, and, pressing the point down to the tendon, drew it along for half an inch. The relief was instantaneous and final, the finger now closing into the palm and playing naturally without catching. A small pad of boric gauze made pressure for two days, and the trouble was cured. —*Med. Record,* March 7, 1914.

Antivaccinationist Self-punisht.

One of the most activ opponents of vaccination among German medical men has now experienced in his own body that it is not possible by hygiene alone, as the antivaccinationists claim, to protect one's self against smallpox. Dr. Spohr, of Frankfort-on-the-Main, who is a notorious apostle of the nature cure (Naturheilkunde), was infected with smallpox by a woman patient who had recently come from Russia. Instead of going to a hospital and permitting the prescribed notice of the sickness to be given, he allowed himself to be cared for at home by his wife. The result was that his child and two women living in the neighborhood, together with their physician (homeopath), were attackt by the disease. Spohr went away after his recovery and the authorities learnt of the sickness of the child first by an anonymous notice. Now the fanatic will be punisht for breaking the contagious disease law. —*Jour. Amer. Med. Assoc.*

Scarlet Red for Gastric Ulcer and Tuberculous Laryngitis.

Drs. Davis and Dening (*Johns Hopkins Hosp. Bull.*) have used scarlet red by internal administration for gastric ulcer with success. They administered a 1% solution in oliv oil. It was found that scarlet red was non-toxic, not injurious to the kidneys, and not purgativ.

Learning of this, Dr. Erastus Corning, of Albany, N. Y. (*Albany Medical Annals*), thought it might be useful in tuberculous laryngitis. Dr. E. E. Hinman consented to use it at the Albany Tuberculosis Sanatorium. He used equal parts of sesame oil and vaselin, with a dye strength of 10% applied twice daily to the larynx. The drug is not at all irritating and the applications are not distressing. They did not observe anything of a toxic nature or any untoward symptoms.

The first and most surprising result obtained was a very prompt relief of pain. This was noted in every case where pain had been present. It was reduced in all cases, and in some entirely relieved, so that patients were able to eat and drink with comfort. In all cases but two, both of whom were far advanced before treatment was instituted, and both dying very soon thereafter, ulcerations showed a tendency to heal. The general laryngeal congestion of several cases soon subsided and the hoarseness improved.

A few patients presented only infiltrations and edema. After a few weeks of this treatment with scarlet red the swelling grew markedly less. Of course, it is to be borne in mind that these were the more incipient cases, and that they improved generally during this time, and therefore the local improvement may have been as much due to the general betterment as to the local effect of the dye, but it is reported because it is very possible that this drug may be shown to have some selectiv action thru the unbroken mucous membrane. The investigations and observations have been from the clinical standpoint, and therefore the pathologic findings are not reported.

Emergency Weights.

For handy emergency weights, when no standard method of weighing is at hand, United States coins may be used. The following are near enough for all ordinary purposes:

Dime	40 grains
Cent	50 grains
Nickel	80 grains
Quarter-dollar	100 grains
Half-dollar	200 grains
One dollar	400 grains

Aided by a little mental arithmetic, a great many different weights may be made with these coins.—*Photo Era.*

EXAMINATION QUESTIONS.

Ohio, June 2-5, 1913.

PRACTICE.

1. Name the different forms of non-malignant stricture of the rectum. How far above the anus is a simple stricture usually found?
2. Describe your procedure in making a physical examination of the abdomen.
3. Describe the urinary findings in diabetes mellitus and chronic interstitial nephritis.
4. Make a differential diagnosis of pleuritic and pericardial effusion.
5. Define and give etiology of neuritis.
6. Give pathology of typhoid fever. Name some of its complications.
7. Give symptoms and management of paranoia.
8. Differentiate between renal and hepatic colic.
9. Give the differential diagnosis of variola.
10. Give the differential diagnosis between paralysis agitans and tabes dorsalis.

Answers.

1. *Non-malignant stricture of the rectum* may be due to: Syphilis, inflammation, pressure, tuberculosis, ulceration, gonorrhea, scar-tissue and adhesions. It is usually found about an inch to an inch and a half above the anus.

2. *Physical examination of the abdomen:* "All clinical methods are applicable to this region. The customary prior cathartic removes misleading fecal masses, but accomplishes little more, and may produce a flatulent distention and troublesome peristaltic activity.

"The head and shoulders, particularly the former, should be high, the feet firmly placed and the patient in an easy and unconstrained dorsal posture. To relax the walls the knees may be drawn up, but often better relaxation may be had with the legs extended or but slightly flext. The breathing should be easy and natural, with the mouth open, and the patient's attention should be diverted by conversation and inquiry. The hands should be warm, the light should be adequate, its source behind the patient, and no

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clothing or other covering embarrass the examiner. The flat of the palm and fingers, not the tips, should be used, tender areas should not be immediately approacht, nor does the discovery of one justify repeated and purposeless punching and poking. In palpating movable organs or growths respiratory movement should be met directly by the tips of the fingers at right angles to the free margin, the hand being firmly but gradually deprest in deep expiration and allowed to rise laggingly and shift slightly upward to meet the descending border in inspiration. If the hand moves the organ or growth under examination, the opposit palpating hand should be almost motionless as the other brings the organ or tumor to it. After tolerance is establisht, the finger tips may be used to determin consistence and outline. The deep or superficial character of any pain or tenderness developt by examination and its precise localization or extent of diffusion should be accurately determined. Malingering or hysterical patients can often be misled or diverted by conversation, by attracting their attention to some special region which is being explored by one hand while the supposed tender point is palpated by the other or by misleading and positiv statements as to the effect of pressure, forced respiration, etc., upon the spurious symptoms. In some cases nothing less than general anesthesia suffices. The dorsal posture is the best for general purposes, but the lateral is of value in palpation of the spleen or kidneys or for the purpose of 'spilling' the intestinal contents of a large-bellied person to render more accessible the lateral region under examination. The patient may with advantage be placed upon the hands and knees or in the knee-chest position to bring a growth forward against a thin and relaxt abdominal wall. Finally, all portions of the abdomen should be thoroly examined, not forgetting the hernial openings. The full hot bath is a most useful adjunct." (Greene's "Medical Diagnosis.")

3. In *diabetes mellitus*, the urin is enormously increast in amount, the specific gravity is high (about 1.025 to 1.040), and sugar is present.

In *chronic interstitial nephritis*, the urin is pale in color, has a low specific gravity (about 1.005 to 1.010), traces of albumin may sometimes be found, a few hyalin casts are sometimes present, the solids are generally slightly diminisht.

4. *Pleuritic and pericardial effusion:* "In pericardial effusion dyspnea is a more prominent symptom than in pleural effusion. In the former the heart is not displaced to the right, as in pleural effusion. In pericardial effusion percussion shows the area of flatness to be circumscribed, and to be most markt in the axillary region. Along the posterior margin of the left pleura normal pulmonary resonance is obtained, whereas in pleural effusion a flat note is elicited over this region. In pericardial effusion the heart-sounds are distant, feeble or muffled, while in pleural effusion the quality of the heart-sounds is unaltered." (Anders and Boston's "Medical Diagnosis.")

5. *Neuritis* is inflammation of a nerve or of a bundle of nerve fibers. It is said to be caused by: Exposure to cold, traumatism, extension of inflammation from surrounding parts, certain infectious diseases, poisons and cancerous or anemic conditions.

6. TYPHOID FEVER. *Pathology:* "Principally inflammation of the lymphoid tissue of the lower portion of the ileum, with more or less catarrh thruout the bowel. *Peyer's patches*—(1st week)—are swollen thru infiltration of leucocytes, the surfaces raised and fawn-colored. The infiltration involves the submucous coat, and may extend to the muscular layer. The lesions are most numerous at the lower end of the ileum. (2d week.)—The surface becomes abraded; sluffs form, which are often bile-stained. (3d week.)—Sluffs come away, leaving ulcerating surfaces. Typical typhoid ulcers, with undermined edges, are thus formed. A few solitary glands undergo the same process. At the end of the week the ulcers begin to granulate, but healing is usually slow. The mesenteric glands may undergo the same changes, but more often become swollen, red and tender only, or break down into cheesy masses. The spleen and liver are enlarged; the heart is soft and flabby. The voluntary muscles undergo granular degeneration; in fact, the changes are those found after death from high temperature, etc."

Complications. "Hemorrhage; from bowel, nose or mucous surfaces. Perforation, which may occur even in mild cases. It is commonest in the third and fourth weeks. Peritonitis, with or without perforation. Meteorism or tympanites. Thrombosis, usually of the femoral vein, and embolism. Neuritis, and later 'typhoid spine.' Bronchitis, and pneumonia, lobar in the early stages, later catarrhal. Early 'typhoid state,' or early cardiac failure. Bed-sores." (From Jack's "Handbook of Medicin.")

7. *Paranoia* "is essentially chronic, the delusions becoming fixt upon one particular subject, or set of subjects, which in turn dominate the life of the individual. The most common characters of these systematized delusions are delusions of persecution or suspicion, delusions of exaltation or grandeur, or of pride, and delusions of unseen agents or influences. The range which these delusions assume is most wide and varied, but always associated with the *ego*. The patient is being persecuted not because, as in melancholia, he has committed some sin, or thinks he has, and deserves punishment, but because the persecutors wish to deprive him of his rights, titles, or estate, or degrade him, or in some way injure him. In the diagnosis there are three points to keep in mind: First, the duration—the fixt, systematized delusions must have existed over one year; second, the absence of symptoms of mania or melancholia; and, third, the presence of systematized delusions affecting the personnel of the individual." (Hughes' "Practice of Medicin.")

The disease is incurable. The patient should be placed under the best hygienic conditions; as much out-of-door life as possible, and the minimum of drug therapy. Nutritious food (sometimes stimulants are necessary), plenty of sleep, and moral treatment are indicated.

8. In *renal colic:* The pain is in the region of the affected kidney; it radiates down the thigh; there are intense rigors; retraction of the testicle may be present; also history of previous attacks or of calculi; the urin may be scanty, suppres or bloody.

In *hepatic colic:* The pain is in the region of the liver; it radiates to the right scapula and toward the umbilicus; chills and sweats are common; also vomiting, and sometimes symptoms of collapse and jaundice; calculi are found, if at all, in the feces.

9. *Variola:* The eruption usually appears first on the forehead and wrists, and on the third or fourth day; it is first macular, then papular, then vesicular, and, finally, pustular; it does not appear in successiv crops; the spots are multilocular, and do not collapse on being punctured; the papule is hard and shotty, and does not disappear on stretching the skin. *Varicella:* The eruption usually appears first on the trunk, is evident on the first day, comes in successiv crops, is not shotty and disappears on stretching the skin; the spots are unilocular, and collapse on being punctured. *Scarlet fever:* Period of incubation, from a few hours to seven days. Stage of invasion, twenty-four hours. Character of eruption, a scarlet punctate rash, beginning on neck and chest, then covering face and body; desquamation is scaly or in flakes. The eruption is brighter, is on a red background, punctiform, and is more uniform; the tongue is of the "strawberry" type; the lymphatics in the neck may be swollen, and there is sore throat. *Measles:* Period of incubation, ten to twelve days. Stage of invasion, four days. Character of eruption, small, dark red papules with crescentic borders, beginning on face and rapidly spreading over the entire body; desquamation is branny. The eruption is dark, not uniform, and is shotty; coryza, coughing and sneezing may be present; Koplik's spots are present. *German measles:* Period of incubation, ten to seventeen days. Stage of invasion, one day. Eruption appears on first day, is most intense on second day, consists of red papules, often fades from face before it is seen on the limbs. The pulse is not much accelerated, all the symptoms are slight. Desquamation is very slight. There may be slight sore throat and swollen cervical glands. Koplik's spots are absent.

10. *Tabes dorsalis* is characterized by the absence of the patellar reflex, swaying of the body and inability to maintain the erect position when the eyes are closed, the Argyll-Robertson pupil, general ataxia, and various crises.

Paralysis agitans is characterized by the presence of various tremors, and the peculiar "propulsion gait."—*Medical Record.*

(To be Continued.)

BOOK REVIEWS.

THE PATHOGENESIS OF SALVARSAN FATALITIES. By Dr. Wilhelm Wechselmann, Directing Physician of the Dermatologic Department of Rudolph Virchow Hospital in Berlin. Authorized translation by Clarence Martin, M.D., First Lieutenant, M.R.C., U. S. Army, etc. 143 pages. Publisht by Fleming Smith Company, St. Louis, Mo. Price not stated.

Abundant food for thought for all practicians, whether or not they use or become enthused over

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salvarsan, is contained herein. No one reading it will lightly administer salvarsan again, and those who have condemned it from the first will be furnisht abundant argument for "I told you so's." The author concludes that the fatalities do not result from the toxic properties of the agent itself, but from something in the unfortunate patient which will not tolerate the administration. He thinks whatever the "something" is, that it has to do with the kidney. He deems the simultaneous use of salvarsan and mercury especially dangerous. He has lost but one patient after the use of salvarsan, but he gives a number of lists of fatalities, classified as to "Fatalities Following Subcutaneous Injections; Fatalities Following Intramuscular Injections; Death After Intravenous Injections; Death in Chronic Alcoholics; Death in Cases of Nephritis; Death in Cases Under Combined Treatment"; etc. He considers a "salvarsan fatality" a complicated matter, the "apparently simple," and has done his best to shed some light on the subject. He points out that the symptoms do not coincide with arsenical poisoning, and sums up his conclusion: "Insufficiency of the kidney, therefore, and not hypersensitivness of the brain, is the point of the entire question of salvarsan fatalities." In view of the waning popularity of salvarsan among those who early and enthusiastically espoused it, the book must be considered especially timely, since the author believes in it still, and seeks to find the cause of the mortality following its employment.—A. L. R.

PRACTICAL SANITATION. A handbook for health officers and practicians of medicin. By Fletcher Gardner, M.D., Captain Medical Corps, Indiana National Guard, Health Commissioner of Monroe County, Ind., and James Persons Simond, B.A., M.D., Professor of Preventativ Medicin and Bacteriology, University of Texas. 379 pages, illustrated. Publisht by C. V. Mosby Company, St. Louis, Mo. Price, $4.

This is the only text presenting a non-technical exposition of the duties of a health officer within the covers of a single volume at a moderate price, and every physician well knows the crying need for such information among acting health officers thruout the land. It is compiled from many sources by those having experience in practical workings of sanitation, and will equip the intelligent man to meet any emergency which may arise. The duty of every physician knowing of the blundering work of the rural health officers is plain; recommend the perusal of this book. It will not prove disappointing to the physician commending it, for it is written with rare good judgment, giving just the things which the average health officer needs to know, but of which he is quite generally ignorant. It is not intended for the expert, and is admirably adapted to the needs of the class of health officers country physicians must deal with. We are glad that we have seen it.—A. L. R.

ANATOMIC AND PHYSIOLOGIC ENCYCLOPEDIC CHART OF THE HUMAN BODY. By Irving J. Eales and C. W. Taber. Fifth limited and improved edition. I. W. Long, 5 Wesley Block, Columbus, Ohio. Price, $5.

No practician's outfit, whether specialist or family doctor, is now complete that omits a wall map of this kind for diagnosis as well as treatment, its field of usefulness being almost unlimited. And of several on sale, THE WORLD can recommend this chart as comprehensiv, the mere fact that it has reacht a fifth edition proving this as well as its popularity in the profession. There is a large vertical-meridian diagram of the head and trunk, with brain and spinal cord and their entire nerve distribution. Another large chromolithograf includes the spinal nerves and plexuses, with their sympathetic nerve connections. Many smaller colored views of the muscular, osseous and vascular systems and organs, with nearby ready-reference descriptiv text, are given. A practical, differentiating feature is that the motor nerve tracts are colored in blue, the sensory in red, and the sympathetic in yellow. The material used is heavy enameled cloth, not paper, 34 by 46 inches in size, and mounted on wooden rollers; it is lithograft, not printed, in four colors and with sharp outlines, both sides being covered. The physician who uses this chart as a matter of routine must become a leader in his locality.—A. B. H.

A MANUAL OF INFANTILE PARALYSIS, WITH MODERN METHODS OF TREATMENT. Including Reports on the Treatment of 3,000 Cases. By Henry W. Frauenthal, A.C., M.D., and Jacolyn Van Vliet Manning, M.D. 374 pages, 128 illustrations. Publisht by F. A. Davis Co., Philadelphia. Price, $3.

This large manual is a very excellent treatise on its subject, giving minute detail. The authors are men of great experience in the treatment of this disease, there being an average of 100 patients a day at Dr. Frauenthal's hospital clinic. Necessarily, a man with such experience is fitted to produce a book of great merit on its subject. While the authors have consulted the literature on the subject we find no mention of Dr. Benard's treatment, detailed in MEDICAL WORLD, August, 1913, pages 330-332. Electricity, massage, exercise and mechanotherapy, as well as surgical treatment are carefully given.—J. C. R.

THE MODERN GASOLINE AUTOMOBILE. Its Design, Construction, Maintenance and Repair. By Victor W. Pagé, M.E., late technical editor of *The Automobile Journal*. 824 pages, 575 illustrations. Publisht by Norman W. Henley Co., 132 Nassau St., New York City. Price, $2.50.

This is a thoro, complete exposition of automobiles in all their details, apparently no part whatever being omitted. The automobile is taken up piece by piece and described and its mechanism, in whole and in part, told succinctly. All varieties of automobiles seem to be included. The chassis, the engine, carburetor, fuel, explosions, ignition, lubrication, assembly, etc., are given full consideration. The owner of any automobile can gain much useful information from this book. It is profusely illustrated with designs and photografs that make plain the author's meaning in all the details described. It includes designs and automobile ideas right up to the present time.—J. C. R.

QUESTIONS AND ANSWERS RELATING TO MODERN AUTOMOBILE DESIGN, CONSTRUCTION, DRIVING AND REPAIR. By Victor W. Pagé, M.E. 622 pages, 330 illustrations. Publisht by Norman W. Henley Co., 132 Nassau St., New York City. Price, $1.50.

This is a practical treatise arranged in question and answer form, written with special reference to the needs of the non-technical reader who desires to know something concerning automobiles. The questions are answered in full detail and the answers are well illustrated, making plain to the readers the description. This book will aid the motorist in understanding his car and how to repair it. It will prove of inestimable value to owners of automobiles.—J. C. R.

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HOSSFELD'S NEW PRACTICAL METHOD FOR LEARNING THE GERMAN LANGUAGE. By C. Brenkmann. Revised and enlarged by Louis A. Happe. 476 pages. Publisht by Peter Reilly, 133 N. Thirteenth St., Philadelphia. Price, $1; postage, 10 cents.

This is another of the Hossfeld methods, and is constructed on the same practical lines found in all. Each lesson covers four pages, one each being devoted to grammar, vocabularies and exercises, questions and conversations, and reading exercises. The new official German orthography is used thruout the book. There are also a chapter on construction, vocabularies, poetry, German-English and English-German vocabularies and instructions for correspondence. The whole makes a very practical and useful book for learning the German language.—J. C. R.

Acknowledgments.

The Okola Laboratory Fraud. A modern modification of Colonel Seller's infallible, imperial, Oriental, optic liniment and salvation for sore eyes. Publisht by American Medical Association, 535 N. Dearborn St., Chicago, Ill. Price, 4 cents.

The Waters of Pennsylvania.—Results from the Injection of the Wax of the Tubercle Bacillus indicating its Influence on Immunity and Susceptibility to the Tubercle Bacillus.—Bathing. Publisht by Penna. Dept. Health, Harrisburg, Pa.

Precocious Menstruation. By F. P. Gengenbach, M.D., Denver.

TRAVEL TALK *By the Editor, Dr. C. F. Taylor.*

HERE we are in mid-Atlantic again! Left THE WORLD? No—yes; *left* it in good hands, while I will be eyes and ears for you for a few months abroad. WORLD subscribers were so enthusiastic over my "Talks" to them while in Holland and a few other countries in the summer of 1911 that I thought I would try it again. Our destination and why will appear later.

Well-Wishes from Friends.

My folks and friends were kind enuf to say, "You need the trip; it will do you good." But they are mistaken. I am neither invalid or broken down. After a very strenuous two weeks just before sailing we went to New York to spend the night in order to take the boat early next morning, and according to their kind theories I should have then been tired; but I wasn't. Next morning I felt fresh enuf to go right back to Philadelphia and to work for the summer. But I appreciate the *opportunity* to get away, during which time I hope to serve you, dear WORLD readers, for you will be in my mind every day.

At a little dinner a few evenings before sailing "the fellows" presented to me a box of "Mothersill's Seasick Remedy." That was a joke, which I told them appealed to me "deeply." Dr. Abbott had kindly sent, at my request, a bottle of Waugh's granules. They are the best thing I know of to produce gentle elimination a day or two before and for a few days after sailing. Then, with careful diet, the prospect is good for a comfortable sea voyage. I consider the granules much better than salines. A traveler who boards ship with system loaded with toxins, and adds to the load by gluttony, beer or spirits, is certain to pay dearly for such foolish indulgence. I have just had a talk with the head ship physician, who was disgusted by the prevalence of just such foolishness by presumably intelligent people.

Our going was quiet and unheralded. Yet letters and telegrams greeted us at the boat. One telegram I must give you—from the eminent oculist of Philadelphia, Dr. Wendell Reber. It was brief, Shakespearean and expresses much: "God give you good adventure." It rings in my mind frequently.

It was accident rather than design that put us on the largest and most magnificent ship afloat: the *Vaterland*, Hamburg-American Line; and on her maiden trip eastward.

The Biggest of Ocean Steamships.

As will appear later, this is to be a Scandinavian trip. And my plan was to sail on a Scandinavian ship, so as to enter at once into Scandinavian surroundings, habits, etc. But by the time I had decided that I could go, the available quarters on the ship I had in mind were all gone. So the next best was to sail to Hamburg, the nearest port to Scandinavia. This took me to the Hamburg-American Line, and they offered me quarters on this grand ship, and that gives me an opportunity to tell you about the largest and most luxurious ship ever designed by the brain and constructed by the hands of man. But do not think we are "putting on style." We have not one of the $1,000 to $5,000 suites. Think of WORLD subscriptions, $1 each, to pay such a price! And I wouldn't if I could. Our room is one of the most modest in the first class. And right here in our room will be a good place to begin to tell you about the largest ship afloat. It is more like a hotel room than a room on a boat. Dimensions, 12 x 15 ft. I had it measured to be exact. No "bunks" or berths. There is an elegantly furnisht single bed with curtains on each side of the room. No climbing into an upper berth. No bumping of the head on the upper berth by the lucky occupant of the lower berth. Those who have traveled on the ocean will appreciate this. It is an inside room, but the profusion of electric lights and ventilation by electric fans, etc., make it just as acceptable as an outside room, and being nearer the center of the ship, is steadier than an outside room. The furniture is all that could be desired, including an elegant double washstand with running water. I have seen rooms on other boats less than half this size contain four "bunks," one above the other on each side, and if two would attempt to dress at the same time there would be crowding. Here we have space and luxury: sofa, table, writing desk, wardrobes, etc.

Our room is on the same deck that the dining room is on—and what a dining room! I will not try to describe it, but will give some general facts. It will seat 800 persons; and when lighted at night it is a dream. No long tables with "orphan asylum" service, like on most other boats, and no first and second table. No gong, bell nor horn to announce meals. It is just like a first-class hotel on land; during the hours for meals you go whenever it suits you, take your place at your table (all small tables for two to six people), and your waiter is ready to take your order. The menu is as elaborate as any I have ever seen at any hotel. And perhaps this being the maiden trip eastward has something to do with the elaborate floral decorations in the dining room.

And here let me say that this is *not* an advertisement. Wife tells me to say this emphatically. Not a penny's worth of consideration is given for what I write here. Mrs. Taylor says for me to make it plain that I am doing this for the information of those who are doing the hard work of the

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profession all over our broad land. They have a right to know, if they cannot see, what the twentieth century is doing. And, brethren, realize that this and other great transatlantic ships are brought into being by and for the patronage and service of *our* great country. It is the wealth in America that makes them possible. The Germans, the English, the French and other peoples produce the best and most elaborate ships in their power to serve us. And the plain family doctor, in city, town or country, should realize that in looking after his patients he is doing his part to make these big boats possible. Health is necessary to economic efficiency; and our national economic efficiency makes us able to support these great ships by patronage. True, they serve the European side of the Atlantic, also; but the chief travel is from our own side—and then we must return home.

When on ship I usually run up on deck a few minutes to get a little fresh air before breakfast. Here the promenade deck is *four flights of stairs* above the dining room! Not so easy to run up for a breath in the open. There are three elevators there at your service, but you usually don't go—the air is not "stuffy," anyway.

The "social hall" (also used as a ballroom) on B deck is the most ambitious thing of the kind ever undertaken. With its paintings, carvings, furnishings, *and its size*, it would be famous on shore. The winter garden, library, swimming pool, etc., I will only mention and not try to describe.

Shall we take a walk? The promenade deck is 490 ft. long; around it is 1,130 ft.; 4¾ times round it make a mile. So a walk around once is almost a quarter of a mile. So there is no lack of open-air exercise; and if you want general exercise there is a commodious gymnasium.

The *Vaterland* has accommodation for about 4,000 passengers of all classes and carries a crew of 1,134 officers and men. There are 100 cooks and bakers, 400 stewards and 500 engineers and stokers.

This is how the *Vaterland* compares with other great liners:

	Length in Feet.	Tonnage.	Horse Power.
Vaterland	950	54,500	92,000
Imperator	900	50,000	62,000
Aquitania	901	47,000	60,000
Olympic	882	45,000	46,000
Mauretania	790	32,500	72,000

But enuf of figures. The *Wireless News* is publisht on board every day and distributed to the passengers. So there is no feeling of exile from the affairs of the world while crossing the ocean. The sense of distance from land is thereby much decreast.

We started at 10 a. m., Tuesday, May 26th. Made first stop at Cherbourg, France, the following Monday before noon. That afternoon we stopt at Southampton, England, and to-morrow (Tuesday, June 2d) we will arrive at Hamburg, northern Germany, at about noon. A quick trip—too quick. We would enjoy it longer.

Improvements in Steamships.

Comparisons are odious, but they are illuminating. So let us indulge a little. We crost on the *Graf Waldersee* (same line) in 1911, a boat of less than one-quarter the size of the *Vaterland*. Yet not many years ago this boat was the "last word" in steamship construction. So where will the *Vaterland* be in another decade? And yet our memories of the *Graf* are very pleasant. The fellowship was attractiv—people of brains rather than of money—teachers, clergymen, college professors, etc. The difference is something like town and city—town, where you soon know everybody, and city, where you never know anybody except by formal procedure. The "family feeling" is entirely absent on the *Vaterland*—and quite naturally, I suppose. You can't get a town feeling in a city.

When We Eat on Board Ship.

On the *Graf* we were awakened in the morning by a beautiful little air on a bugle, sounding in the halls. Here no one is awakened (breakfast whenever you want it from 8 to 10); and there are no signals nor sounds for anything. Everyone does as he supremely pleases. You can eat nearly all the time if you want to. Breakfast, 8 to 10; bouillon, crackers and pretzels served on deck and in social hall at 11; lunch (as elaborate as any dinner) from 12.30 to 2; tea, coffee and numerous kinds of cakes served on deck and in social hall 4 to 5; dinner, 7 to 9; sandwiches at 10. Such frequent service must be for the pigs—and there are two-legged pigs. And can we wonder at so much ptomaine intoxication? Dr. Wilhelm Hormann, the doctor of the first class (there are three doctors), told me that there had been much sickness on this trip. It could not have been seasickness, for the boat is perhaps the steadiest boat afloat, owing to size, smooth-running turbine engines, and special construction with steadiness in view; and also the sea has behaved very nicely, sometimes being almost as smooth as a mill pond. So this trip is not a test for steadiness.

It is a good thing that happiness does not depend upon luxury. Indeed, happiness is sometimes destroyed by luxury. That priceless possession must come from within. Therefore, if you carry happiness within you, you will enjoy crossing the ocean perhaps better on a humbler boat, and not be opprest by the fashion on this floating palace. I was not so opprest, perhaps, because I brought some good solid reading with me, and I have been hungering for a chance to get at it for many months; so I was glad to be let alone. In fact, I hope to do more studying this summer, away from the disturbances of home, than I could do in a year at home. That's the reason that I get my own consent to be away so long.

Life on an Ocean Steamer.

A final word before landing: This isn't sailing. It is living in a palace, with an ocean view in every direction. And I am reminded that there is a florist on board with a greenhouse and growing flowers. I was taken thru the second and third classes, which were commodious and comfortable. But there are many things I have not seen and many that I have seen that I have not mentioned. Most of the time I am not conscious of which way the boat is going, or that it is going at all—noise of machinery and vibration from its motion almost absent. After nearly a week on board, I frequently get almost lost—not sure of which end is bow or which stern until I take a long walk to see; and I frequently have to hunt for as big a thing as the social hall—but find my way to the dining room all right.

There are faithfulness, reliability, honesty and warm-bloodedness in the Germans that appeal to me. And this boat is an example of their mechanical and artistic achievement. The passengers are largely German-Americans—that substantial citizenship of which both we and the German nation can be justly proud. Hoch der Kaiser!

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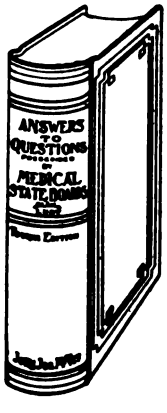

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National Antinarcotic Legislation.

At the time of writing, the Harrison antinarcotic bill remains on the United States Senate calendar subject to call. There are so many bills before the Senate that it is possible that the antinarcotic bill will not be considered before adjournment. Even bills to which there are no objection and which are not likely to have amendments offered may fail to be considered; hence there is even less chance for the much-entangled antinarcotic bill.

All this might have been avoided and the bill enacted had the druggists adhered to the compromise agreed to when the House of Representativs had the bill in their hands. But the efforts of the druggists to cripple the doctors in their dispensing of remedies led to so much complaint by the physicians that amendment and counter-amendment were offered in such profusion that the Senate finally became so bewildered that it called a halt to look matters over calmly after the smoke and dust had cleared away.

So far as we know, there is no senator sufficiently familiar with this matter and the conditions which it attempts to regulate as to be able to take it in hand and have it properly understood by the Senate. Hence there is a general hesitancy, on the part of the members of the Senate, to act.

It would undoubtedly be an undisguised blessing to the American people if this bill were enacted. While the several state laws are supreme so far as intrastate commerce is concerned, there are many leaks therein because of the inability to control interstate commerce. This weakness in the state laws is not always charged up to the right source, namely, to the absence of a Federal law controlling all interstate traffic (and the Harrison bill will also control intrastate traffic in addition, because of its being an internal revenue measure); consequently, in view of the evident and obvious weakness, for this reason, of the state laws, there is a constant tendency to make the state laws more and more drastic without really being able to control the several leaks caused by this failure to control interstate commerce. In other words, the authorities are driving on the wrong road. Such a Federal law will correct the situation as no other law can correct it, and will be the most effectiv medium for regulating the entire traffic. The state laws will then be able to supplement the Federal law.

At their annual meeting, June 22d, in Atlantic City, the American Medical Editors' Association unanimously passed the two following resolutions, which we had the privilege of presenting thereto:

WHEREAS, House Roll No. 6282, generally known as the Federal Harrison Anti-Narcotic Bill, has passed the United States House of Representativs and is now before the United States Senate, having been favorably reported therein;

AND WHEREAS, Senator Knute Nelson, of Minne-

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sota, has offered an amendment aimed to prohibit physicians, dentists or veterinarians from dispensing the restricted drugs to the patients, limiting their ability only to the personal administration of these drugs;

AND WHEREAS, Such an amendment would sharply and arbitrarily limit the sphere of legitimate, useful and humane service of the medical profession, often prohibiting the giving of the needed and immediate relief when it is and would be impossible for the physician to be personally present;

AND WHEREAS, Such an amendment would prohibit the useful and necessary treatment by the medical profession and destroy its ancient, honored and inherent privilege to apply that treatment which may appear to be in the best interests of the patient, thereby limiting the usefulness of the medical profession and breaking down its efficiency;

Therefore, Be It Resolved, That the American Medical Editors' Association in convention assembled hereby strongly and unqualifiedly condemns the proposed Nelson amendment of the Harrison bill, believing that such an amendment would not be in the public interest, but quite contrary;

And Be It Further Resolved, That a copy of these resolutions be sent to every United States Senator and Representativ and to every medical journal in the United States.

WHEREAS, House Roll No. 6282, generally known as the Federal Harrison Anti-Narcotic Bill, has passed the United States House of Representativs and is now before the United States Senate, having been favorably reported therein;

AND WHEREAS, An amendment has been added by the United States Senate requiring the physician, dentist or veterinarian to make a record of the restricted drugs dispensed in a suitable book kept for that purpose, which record must be preserved for two years in such a way as to be readily accessible to inspection by Federal, State and Municipal officers, agents, employees and officials;

AND WHEREAS, Such a record requirement is unnecessary in the general plan of this proposed law, and therefore, an unreasonable burden upon the medical profession, entailing enormous clerical labor; is of such a character as to be impossible of exact compliance, and therefore, an intolerable and dangerous restriction on the medical profession, and is so prohibitiv in application as to influence arbitrarily the curtailment of the useful, legitimate and humane service of the medical practitioner, particularly in the rural districts;

AND WHEREAS, Any curtailment of the liberty of action of the licensed and registered medical practitioner in the legitimate practise of his profession would inflict an untold and immeasurable injury on the general public, deprive the sick and suffering of the immediately available and proper and needed treatment, and legislation influencing or leading to such a curtailment would be a blunder the enormity of which is appalling and unthinkable;

Therefore, Be It Resolved, That the American Medical Editors' Association in convention assembled hereby most earnestly and emphatically protests against the enactment of such a record requirement as directly contrary to the general public welfare and sincerely recommends that this record amendment be entirely stricken out from the Federal Harrison Anti-Narcotic Bill, House Roll No. 6282;

And Be It Further Resolved, That this association hereby heartily endorses and approves otherwise of the general purpose, plan and scope of this bill and earnestly expresses the hope that it be speedily enacted into law;

And Be It Further Resolved, That a copy of these resolutions be sent to every Senator and Representativ and to every medical journal in the United States.

As a result of the activities of the medical profession, in arousing which we had some share, Senator Pomerene went to the opposit extreme to the druggists' position and formulated an amendment exempting physicians and surgeons from the provisions of this bill. We have no desire to have the medical profession exempted from fair and proper regulation, and the profession itself has no desire to be so exempted, so we communicated with Senator Pomerene and he agreed to withdraw his amendment, and stated that he believed "we will be able to get an agreement omitting the record-keeping provisions of the Nelson amendment."

Amendments to the bill to prevent dispensing by physicians or to compel them to keep records of minutiæ of dispensing must not be allowed in the bill. The bill as agreed to by the conference committee before the House of Representativs was satisfactory and the bill should be passed in that form.

A New Antinarcotic Law in Georgia.

At the present time there is a bill in the legislature of Georgia similar to the one in New York that is causing the physicians much trouble. It is known as H. B. 885, was introduced by Messrs. Swift, Wohlwender and Slade, and incorporates a proposed cocain law. It provides, among other things:

1. Sales at retail are restricted upon the written prescriptions of *physicians only*.

2. The retail druggist must give to the purchaser a certificate indicating:

a. The name and address of the seller.

b. The name and address of the prescribing physician.

c. The date of the sale.

d. The amount sold.

3. It is expressly provided that physicians may dispense, after a personal examination of the patient, provided the certificate required by the retail druggist (see paragraph 2, above) is given to the patient. A violation of this provision is a *felony*.

4. Physicians, dentists, veterinarians and retail druggists may buy direct from the manufacturer or wholesaler at wholesale upon a written order, provided such sales are duly recorded and proper labels used.

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5. Physicians, dentists, veterinarians and retail druggists may not have on hand more than 1⅛ ounces.

6. Physicians, dentists and veterinarians must record, at least once in six months, the gross amount dispensed.

It is our belief that it is unwise to tell a patient what medicin he is taking, for when a patient learns what medicin he is taking he proceeds to dose himself with it and thus forms the habit. This is shown by an article in this issue, wherein a doctor mentions the indiscriminate and injudicious use of a medicin by the laity, who have not the slightest idea of the dangerous possibilities they are thereby incurring. This bill is a serious blunder. The proper and best way of surmounting the difficulty is that proposed in the national antinarcotic bill, now in the United States Senate, which, as we have said before and requires repetition, should be passed as it came from the House o Representativs without amendment.

The Rise of Counterprescribing by Druggists.

The antagonism of the pharmacists to the medical profession has become so pronounced that these former allies are now arrayed against each other as enemies. So surprising and so unnatural is this state of things that we may well take a few minutes in tracing its causes. Formerly doctor and druggist were associated in the noble work of caring for the sick. The druggist was the doctor's assistant, and what more depended upon himself. Had he the brains and the disposition were there, he became the doctor's partner, and in some respects his teacher. He took the plants the doctor found useful, and found what was in them that was valuable; and how best its values could be utilized. Between the two there was simply that intangible something that separated the profession from the trade.

Trouble commenced when the doctor objected to the druggist's prescribing for patients. This the druggist refused to give up, because he was a trader and it paid. In 1877 Mr. Fetters, a druggist of Philadelphia, told the writer that the profits from prescribing were eight times more than those from filling prescriptions.

A Chicago journal, the *Western Druggist*, met the doctor's demand with a counter one —that the doctor should cease dispensing medicins. Put forward first as a rather flimsy excuse for counterprescribing, Mr. Engelhart advanced the claim boldly and with increasing vigor as he found it rallied to his support the great body of retail druggists. The wholesalers and manufacturing chemists dared not do otherwise than follow the line that their trade had taken, and we now see the entire drug trade organized in a systematic attack upon the citadel of medicin. The demands have grown until now we find that pharmacy demands the exclusiv right to handle medicins, while not in the slightest degree does she abate her privilege of prescribing them. She demands that the physician shall confine himself exclusivly to the study of pathology and diagnosis; claims that the doctor does not know how to treat the sick, and is so little to be trusted with the lives of patients that the law should investigate every death when the druggist has not supervised the medication. All over the land organized pharmacy is pushing to have this scheme made the statute law.

Really, the druggists have only taken us at our word. We have been exalting the abstract science of our work so highly and continuing the practical application so much, have applied ourselves to pathology and diagnosis *a la* laboratory, and sneered at clinical observation and treatment so persistently that we haven't the face to object when the druggist says: "Well, you have said so much about your indifference to treatment, and your despising drugs—*all right*—I'll take them over and leave you to your abstruse investigations."

Study the druggist's program, and you will find that his claims lead him to the door of the sickroom, and there he meets the nurse. Between them they divide the field. The doctor sits in his laboratory; he examins, tests and prescribes; the druggist treats the patient and fights it out with the nurse. One-tenth of our people are able to employ the highly finisht product of the modern medical college, whose long and expensiv course necessitates large fees. Another tenth comes under the care of the gratuitous service of colleges, clinics, hospitals, dispensaries and the physicians employed by governments. The middle eight-tenths will inevitably gravitate to the druggist. He is perfectly aware of what drugs mean to the bulk of the people. He smiles slyly in his sleeve when he hears us descant on the worthlessness of drugs and the credulity of those who believe in them. He has the knowledge that comes to every man who uses tools, the skill that comes

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alone to him who handles them. Not all the science in the universe can teach a man how to look out for the rough spots on a grindstone like the man does who is using that stone right along and knows its peculiarities.

But is this enuf to qualify the druggist to prescribe medicin? He says it is, but then he may not realize his own ignorance. Here is a story that tells the tale: A woman rusht into a drug store crying that her child had swallowed some metal object, probably a pin, and askt what she should do. The clerk very properly replied that he didn't know. But another clerk stept forward and suggested a bottle of citrate of magnesia; which the woman gratefully bought and departed. This clerk, as the drug journal from which the story is taken admiringly remarks, was "a salesman."

Just analyze that incident. Had the first clerk been left to handle the case the woman would have gone to a doctor. He would have advised an x-ray examination to see if the pin were really in the child's stomach. At any rate, he would have administered astringents and directed a diet of bulky foods, like bread and potatoes, to form large, firm fecal masses in which the pin would have been imbedded so that it might harmlessly traverse the intestinal canal. By administering a saline the clerk liquefied the stools, so as to uncover the pin, and thereby placed the child's life in peril. But if the child died, the clerk could plead that he was not a doctor, and did the best he knew how.

Here we see the fallacy of the druggist's claim to be authorized to prescribe for slight ailments, for he does not know what ailments are slight. But the great significance of the story lies in the fact that it was publisht in a druggists' journal, whose editor failed completely to realize how he exposed his own ignorance and the strictly commercial view he took of the relation between patient and prescriber. Yet these drug journals now go so far as to assert that the medical profession is not qualified to treat the sick! The joke about the doctor killing his patient instead of curing him is older than recorded history. It is quite on a par with the cartoon representing the bear possest of the hunter's gun and pointing it at that terrified individual's head. The humor in both lies in their absurdity, and the one is just about as likely to happen as the other. But the druggist has invested this ancient witticism with the garments of truth, and is even pressing to have it made the basis of state and national legislation.

Wouldn't it be well to get a senator to add an amendment prohibiting bears from shooting hunters?

Successful Treatment of Uterin Fibroids and Hemorrhage.

The old methods of surgical treatment of uterin fibroids and metrorrhagia seem destined for oblivion. In times past, when present knowledge, investigation and materia medica were unknown, surgical removal by excision of the growth or of the entire uterus was the best treatment that could be offered to patients thus afflicted. But medical science is not stationary. Only "the best" is acceptable by physicians wherewith to treat their patients. When "the best" is unsatisfactory, some still better means is diligently sought.

The palliativ measures of the past, albeit of some value in many cases, were, indeed, wofully inadequate. And the profession has realized that this is true. Consequently many efforts have been made to devise a means of treatment that would be satisfactory and curativ. It has been our pleasure recently to learn of some excellent, indeed, almost marvelous, methods of treatment of these conditions.

It has been found that extract of mammary gland will stop uterin hemorrhage. Experiments with this substance have been carried on for a number of years.

Dr. Henry R. Harrower,* in a book just issued, cites the work of numerous investigators with extract of mammary glands of various animals in therapeutics. He mentions Hallion and Battuaud, who recommend it in conditions where it seems there is ovarian overactivity and uterin underactivity. Pochon stated that the administration of mammary gland causes uterin depletion, while the ovarian extract causes an increase in the uterin blood content. According to Battuaud, in the menorrhagia of young girls and in the metrorrhagia of the climacteric the mammary extract has proved very valuable. Even ovarian congestion has been reduced. According to Harrower, in hemorrhage due to uterin sclerosis and fibroids and hemorrhagic oozings at the menopause not due to malignant growth this method offers a valuable and physiologic means of control. Battuaud has found it useless in the hemorrhage following re-

*"Practical Hormone Therapy." Reviewed in this issue.

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tained placental tissue or from mucous or fibrous polypi. It has been used to reduce excessiv menstrual flow and curtailing its undue length.

Dr. Robert Bell, of Glasgow, in 1896, used mammary extract for uterin fibroid, and reported a number of cases in which the fibroids disappeared or diminisht in size. Dr. J. B. Shober stated that the addition of a small amount of thyroid extract added to the efficiency of the remedy. Feodoroff, in the treatment of uterin fibromyomata, reports a reduction in the size of the tumor in 53%; hemorrhage and profuse menses were absolutely controlled in 83%. The pain was abolisht in 40%, and in only 14% was there a total failure.

Mammary extract is given in 5 to 10-grain doses two or three times a day before meals and is continued for months, no harmful effects resulting, except possibly interference with digestion, in which event the treatment is temporarily suspended. This offers a convenient and handy means for the general practician and is readily available. The following two methods show great advances in treatment, but are not within the reach of the majority of physicians.

At the recent meeting of the American Medical Association in Atlantic City, Dr. George E. Pfahler, of Philadelphia, read a paper detailing his experiences in the reduction treatment of uterin fibroids by the x-rays. Dr. Pfahler reported a large number of permanent cures by means of them. The application of the rays is made every two weeks until the cure is effected, which may take quite a while. But the thing is that it does cure. Dr. Pfahler and others have been doing this good work for ten or twelve years.

What was probably the most important announcement at this meeting was that by Dr. Howard A. Kelly, of Baltimore, who has been using radium extensivly, as our readers have learnt from our columns heretofore. Dr. Kelly reported the results of treating metrorrhagia, menorrhagia and uterin tumors by the application within the uterus of glass tubes containing radium, using from 80 to 400 milligrams of radium for periods of time varying from 2 to 24 hours. The glass tubes were inclosed in rubber tubes and these in platinum tubes. He reported that metrorrhagia and menorrhagia, which he had formerly treated by curettage, were invariably cured by the radium, usually one application being sufficient; in only a few cases was a second treatment required. While the number of cases was small, yet it shows what good can be expected.

Drs. Kelly and Burnam treated in all 20 cases of uterin bleeding where there was no fibroid; they treated 21 of uterin fibroid, most of them very large ones, and in every case caused either complete disappearance or almost complete disappearance of the growth. The growth usually disappears in two or three months from the time of treatment. Often it goes in a few weeks. The cases which do not disappear rapidly continue decreasing for months.

The rubber and platinum casings are employed to screen out the alpha and beta rays, which cause radium burns. Only the gamma rays are made use of in these internal applications.

This, to our minds, is the most important announcement of to-day.

Dr. Curtis F. Burnam, Dr. Kelly's able co-worker, stated that they are now using the radium treatment in a great number of cases in which formerly they would have done surgical work, such as curetment or hysterectomy. Dr. Burnam also said that the treatment as they had practised it had resulted in no harm. Sterility can be produced by radium and nymphomania can be cured.

According to Dr. Joseph B. Bissell, of New York,† Dominici radiated small joints affected with gonorrheal rheumatism with 5 to 10 milligrams. One milligram has been used for granuloma and trachoma. A scrofulous gland was reported to have been cured by 1 milligram, the tube having been imbedded twenty-three days. Deafness was treated with 1 or 2 milligrams, uterin hemorrhage was stopt by 4 to 10 milligrams, goiter with 10 milligrams, sarcoma with 20 milligrams, fibroids with 27 milligrams.

Every hospital and every community should have a supply of this very valuable addition to our materia medica. It is very regrettable that the cost of such a potent and useful remedy is so great.

Experiments have been made by others with carnotite ore applied locally in the treatment of skin cancer. But there is insufficient radium in the carnotite to permit of its being used internally.

Compound spirit of juniper finds its best use in passiv congestion of the kidneys secondary to chronic heart disease.

†*Medical Record*, July 11, 1914.

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Asthma as an Autotoxemia.

The perennial subject of asthma is one of great importance to the medical profession. A great deal of time and labor has been expended on it by the profession to learn its cause and cure. Physicians the world over are making earnest endeavors to solve the intricate problem. It has occupied considerable space in our columns during the past year. So great is the need for help in this disease that we are frequently earnestly importuned by physicians for aid and suggestions for the treatment of this disease.

Dr. James Adam,* of Hamilton, Scotland, has workt out the hypothesis that asthma is autotoxemic in origin, due to absorption of nitrogenous poisons resulting from intestinal putrefaction thru microbic origin, to some extent, but mainly from an error in nitrogenous metabolism the result of imperfect oxidation or enzyme action. In other words, the poison arises from proteid food or proteid tissue. The author quoted states that the error in proteid metabolism is closely connected with excess of carbohydrate in the diet, which he explains on the theory that the oxidation of the excess of the simpler carbohydrate molecule seems to interfere with proper oxidation of the more complex proteid molecule. Stated otherwise, the excess of energy food interferes with the metabolism of the tissues and tissue foods. And he expresses the view that the imperfectly metabolized products so resulting set up asthma. This toxemia, whether arising in bowel or tissues or both, tends to show itself first as catarrh, later as spasm, in the respiratory tract. This toxemia also shows itself in conditions, catarrhal and spasmodic, other than, but closely related to, asthma.

Dr. Adam has been working on this hypothesis for fifteen years, and time has but confirmed his views, which encourages him to put them in print. In support of his contention he adduces a number of cases whose attacks are directly traceable to errors in diet and were promptly and permanently stopt by regulating the diet. As a result of his investigations and the work of Brodie and Dixon, he believes muscarin to be the causativ poison produced in the tissues. The doctor has had considerable experience with asthmatics and does not discard other methods of treatment as adjuvants. For instance, hypertrophied nasal turbinates, septal spurs, polypi, etc., are subjected to surgical treatment. He states that damp air is harmful to asthmatics by reason of its interfering with oxidation. We have ourselves seen asthma begin by a sojourn in a very damp climate, but yet the same patient later lived in a similar climate without asthma.

Dr. Adam's treatment is by regulation of the diet, after a thoro examination of the patient to see that the health and physical condition otherwise are good. He insists on five or six-hour intervals between meals to allow of complete digestion, the evening meal being a light supper taken not later than 7 o'clock. All food must be thoroly masticated. Liquids with meals and "sloppy foods" are not allowed.

Exercise plays an important part in the treatment. The more food ingested the more exercise required. Fresh air, likewise, is a prerequisit. He finds that children who are kept indoors for fear of their catching cold or bronchitis develop asthma as a result.

There is no restriction as to taking mixt meals, but there is to be no mixt cookery. "The whole art of cookery for the asthmatic is the preparation of dishes at once palatable, yet easy of digestion." Carbohydrates are not to be cookt with fats or with nitrogenous foods like milk and eggs. "Such mixture seriously impedes salivary digestion." A very complete and liberal dietary is allowed, with restrictions upon the method of its preparation.

Dr. Adam gives calomel to each asthmatic once or twice a week. Other laxativs are also used by him.

As a direct antagonist to the muscarin he recommends atropin. The following is his favorit prescription:

℞ Tr. belladonnæ.....*m* x
Potass. iod.....gr. x
Liq. arsen.....*m* ii-iij

This is given at one dose made up with some digestiv or bitter. It is given every four hours in severe cases. In less violent cases it is given one hour after meals for two or three weeks, then twice daily for a similar time, then once daily, in the evening.

In severe cases the patient must fast one day a week.

*"Asthma and Its Radical Treatment." By James Adam, M.A., M.D., F.R.F.P.S. Reviewed in this issue.

Thirty grains of betanaphthol to the ounce of any bland ointment will quickly allay the irritation of the skin following the bite of any insect, and the application is equally efficacious in the case of stings by bees or any insect. Lemon juice, or aqua ammonia, are generally convenient, and the application of either generally affords prompt relief.

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THE MEDICAL MONTH.

Another public recognition of the lifesaving work of Surgeon-General Gorgas was the public presentation to him of an ornate gold medal by the American Medical Association, at Atlantic City, June 23d.

A donation of $2,550,000 from John D. Rockefeller to the Rockefeller Institute of Medical Research was announced at New York June 27th. This gift brings the sum total of Mr. Rockefeller's contributions to the Institute up to $12,550,000.

A bill for a national leprosarium on San Clementi Island, Cal., is before the House at Washington.

Specialists in cancer study have not yet reacht the stage where they are justified in assuming that the affliction is invariably a transition of ulcer, Dr. J. Kaufmann, of New York, told the American Gastro-Enterologic Association at Atlantic City, June 22d. Dr. Max Einhorn, New York, denied that the Mayos held that 60% of cases of carcinoma of the stomach developt from ulcer and subsequently cancer. He was quite certain this belief had been credited to them without warrant. Dr. John C. Hemmeter, Baltimore, asserted that the deepest study had not made it possible to judge whether an existing cancer of the stomach originated on the basis of a pre-existing ulcer.

Yale University Medical School celebrated its centennial at New Haven, June 15th.

Christopher Johnston, M.D., B.Litt., B.A., M.A., Ph.D., LL.D., who died in Baltimore June 26th, was one of this country's foremost authorities on cuneiform inscriptions. For the last six years he held the chair of Oriental history and archeology at Johns Hopkins University, previous to which he was for nine years assistant professor.

The Huber Memorial Hospital, at Pana, Ill., the $100,000 gift of the late Dr. Jacob Huber, was opened June 13th.

The infant incubator has been more of a failure than a success, Dr. E. Chapin, of New York, reported in an important paper before the section on diseases of children, at the recent American Medical Association meeting in Atlantic City. Out of 150 personal experiences with the incubator for infants, he could not report one satisfactory result, death following in the great majority of instances. He urged that the House of Delegates be askt to declare against its further use. He preferred the methods employed by Dr. H. McClanahan, of Omaha, who found that the home-made incubator served the purpose more satisfactorily, as they provided an abundant supply of fresh air, which could not be said of the patented affairs now in use.

Meningitis is curable in its incipiency, Dr. W. G. Schauffler, of Lakewood, N. J., told 150 specialists in a paper on the effect of high-frequency currents on respiration and circulation, before the American Climatologic Association at Atlantic City, June 20th. The "cure" was the first of which the experts who specialize in tubercular and closely allied human ills had ever heard, and they listened to Dr. Schauffler's address and studied lantern slides, tracing the history of the complete recovery of a child between two and three years of age. The final pictures showed the baby patient playing about its home apparently in perfect health.

Vasectomy, as provided for in the Iowa sterilization law, is unconstitutional, according to an opinion rendered at Keokuk, Iowa, June 24th, by the United States District Court for the Southern District of Iowa. But it will apply to other states as well.

Dr. James Ewell Bell, long an interested reader of THE WORLD, died May 27, 1914, at the residence of his daughter, Mrs. M. B. Heyer, in Wilmington, N. C., aged 90 years. Dr. Bell was a nativ of North Hampton County, Eastern Shore of Virginia. Graduated in medicin March, 1849, at the Richmond Medical College, Virginia. He successfully practised medicin for over fifty years.

A markt feature of the recent Atlantic City meeting of the American Medical Association was the large number of non-medical experts in sanitation and like branches who officially joined in the proceedings. A nation-wide campaign of public health education is to follow. Large appropriations were voted for this object.

Upon the order of Postmaster-General Burleson, the offices there of the Sanden Electric Company, which carried on an extensiv business in the sale of electric belts as a cure for various ills, were entered by postoffice inspectors at New York, June 23d, and the general manager, Gideon H. McIvor, was arrested on a charge of using the mails to defraud.

Congress is to be called upon thru the House of Delegates of the American Medical Association, at the urgent request of the dermatologists attending the recent Atlantic City convention, to create a national institution for the care of the 500 lepers in the United States. The bill will call for a $500,000 appropriation. Such a resolution was adopted after the dermatologic section heard Dr. W. C. Rucker, connected with the Federal Health Department, tell of the spreading of the disease in the United States.

A special cable dispatch to the Philadelphia *Ledger* from Paris, June 27th, tells that brain workers are more easily fatigued than those engaged in physical toil, the conclusion reacht by Prof. J. M. Lahaye, who read a report the previous week before the Academy of Medicin describing his researches on the state of blood pressure in various cases of fatigue, mental and physical. Not only does the pressure vary, according to the quality of the fatigue, so that Professor Lahaye claims to be able to determin a man's profession from experiments with his blood at the conclusion of his day's work, but even the pressure indicates whether the worker is honestly doing his utmost or merely idling. Professor Lahaye finds that the pressure increases considerably from mental fatigue, but is hardly affected by physical effort; thus, while a new terror may be introduced into the lives of lazy members of an office staff, factory employes have no need for apprehension.

Dr. E. L. Nesbit, of the Hahnemann Medical College, Philadelphia, at the recent meeting of the American Institute of Homeopathy at Atlantic City, warned the delegates that it was high time for homeopaths to stop talking homeopathy and get down to rock-bottom work, such as scientific research in human pharmacodynamics and by careful clinic verifications at the bedside.

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So that the public shall not be misled into thinking that such guaranties bind the Government as indorsing their products, the Department of Agriculture is sending individual official notices to over 58,000 manufacturers that on May 1, 1915, their guaranties filed under the food and drugs regulations will be stricken from the files and that thereafter the serial numbers assigned to such guaranties must not be used on the label or package of any food or drug.

The Regina (Canada) General Hospital is building a nurses' home at a cost of $125,000.

Long Island College Hospital, Brooklyn, N. Y., has undergone complete reorganization in order to meet the modern requirements of teaching medicin. It has instituted a five-year course to take effect in September of this year, and has arranged to add over twenty full-time members to its faculty, and every department has been increast.

Eight hundred of the foremost surgeons of this continent, representing the American College of Surgeons, assembled at Philadelphia, June 22d, in what probably was the largest meeting of its kind ever held in this countrv. These members started a campaign for a $500,000 endowment fund, to be contributed by all the members, for the establishing of a permanent home of surgery in Washington. It may reach $1,000,000. The College has grown to a membership of more than 2,000 in the first year of its existence, and, counting the 1,100 fellowships conferred at this meeting, has more than 3,200 members, including almost every surgeon of high professional standing in this country. Three eminent surgeons received the highest honors within the power of the College, that of honorary fellowship. They were Dr. Thomas Addis Emmet, of New York; Dr. Francis J. Shepherd, of Montreal, and Dr. Edmond Souchon, of New Orleans.

The trustees of the *American Medicin* Gold Medal Award, Drs. Wm. J. Robinson, Claude L. Wheeler and H. Edwin Lewis, respectfully announce that the medal for 1914 has been conferred upon Dr. George W. Crile, of Cleveland, Ohio, as the American physician who in their judgment has performed the most conspicuous and noteworthy service in the domain of medicin and surgery during the past year.

Sunshine and fresh air as a cure for wounds caused by burns, was announced at New York, March 7th, by Dr. Joseph Schmaskin, house physician at Lebanon Hospital. He said he had grown skin on large wounds which otherwise would have required the operation of skin grafting. A boy on whose neck and chest 30 square inches of skin had been burnt off was kept on an open porch with the large wound exposed to the air and the sunshine. He was discharged with perfect epidermis.

In honor of the late Lord Lister a memorial mural tablet was unveiled in Kings College, London.

Sir William Macdonald, Montreal, has been elected chancellor of McGill University, in succession to the late Lord Strathcona. The new chancellor's donations to McGill total over $5,000,000, his special gift being the entire physics building completely furnished.

The great medical library of the College of Physicians of Philadelphia, for so many years used to verify references by authors, is to have a "second" in the "Index Office" just started in Chicago, Ill. It aims to serve the medical profession by undertaking to supply exhaustiv or selected bibliographies of medical subjects, translations or abstracts of articles or monografs, copies, photografic or otherwise, of manuscript, printed or illustrativ material. Its office is at 31 West Lake Street.

Six million dollars will finally be given by the Anna Jeanes estate for the hospital, in her name, to go up in one of the new sections of Philadelphia.

A new method of curing stuttering by means of the cinematograf was described to the Academy of Science of Paris. Dr. Marage, who devised it, has found that stutterers can be rapidly cured if their mouthing of words is shown to them on the film. He takes a moving picture of a stutterer and a normal person sitting side by side and pronouncing the same sentence. This film serves as a model for a course of practise which leads to a cure.

Radium and mesothorium have just been discovered in springs in the Caucasus.

Physicians' buying leagues are a success in Philadelphia, says the *Weekly Roster* there.

Illinois health authorities are now making a sanitary survey of every health and summer resort in that state. This study should be nationwide.

Johns Hopkins University has just acquired a remarkably fine set of thirty-seven ancient Greek surgical instruments, found near the ruins of Kolophon, Ionia.

Carbon dioxid was added to the approved list of emergency restorativs June 22d, when Dr. J. E. Lumbard, New York, reported to the American Associaion of Anesthetics, in Atlantic City, the resuscitation of a patient who had been virtually dead for a period of eight minutes. The man had undergone an operation and failed to respond. All the customary measures were tried without result. Finally carbon dioxid was resorted to, and a few minutes later the seemingly dead man showed signs of revival.

Carnotite ore, one of the main sources of radium, was advised as an excellent palliativ for an obstinate skin affection by Dr. Samuel T. Earle, of Baltimore, before the American Proctologic Society, in session at Atlantic City, June 22d. He said that the carnotite produced wonderfully soothing effects on the agonizing itch which was one of the most disagreeable symptoms of the malady. He had found radium too irritating, but the radium ore, carnotite, in powder form, produced results that far surpast any other method of treatment known to him. The physicians were greatly interested in the announcement, and said that while radium was prohibitiv in price, any physician could secure a small quantity of the cheaper radium ore.

The surgical specialists at the recent Atlantic City meeting of the American Medical Association were much surprised by figures presented by Prof. Herman Kuttner, of Breslau, Germany, one of the foremost experts in this particular line of surgery of Europe, who related that 40% of 100 cases treated by surgery where the diagnosis had been brain tumor had failed to save the life of the patient. Dr. Harvey Cushing, the widely known

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Boston brain specialist, in discussing the German scientist's paper, said that out of 142 cases treated in the Boston institution with which he is connected less than 9% died. He exprest the opinion, however, that the American clinics during the last year would surpass the best records of those of Germany in this particular branch of brain surgery.

Just before the American Medical Association met near Philadelphia (of which Atlantic City is a seaside suburb) a growing number of national specialist bodies assembled in that city or at the nearby shore. This year the list included, among others, the American Academy of Medicin, American Association of Anesthetists, American Proctologic Society, American Medical Editors' Association, American Climatologic Association, American Urologic Association, American Orthopedic Association, American College of Surgeons. The many-sided clinical and social facilities of that medical center, more fully organized than elsewhere, and the extensiv train service between city and shore, probably explain why 4,000 physicians attended what amounts to an American medical congress this year.

Miss Marion C. Mabie, 20 years old, died June 18th at her home in New Rochelle, N. Y., of diphtheria, a disease she had been working for eight months to combat by means of an antitoxin. Miss Mabie became infected while experimenting in the laboratories of the Polyclinic Hospital, New York City. Her efforts to perfect an antitoxin or serum which would make persons inoculated with it immune from diphtheria had been closely watcht by leading physicians and bacteriologists.

A bronze bust of that great surgeon was unveiled at the Nicholas Senn High School, Chicago, Ill., at its dedication, June 15th.

Fifty-four pulpits of leading churches thruout Philadelphia were filled by eminent physicians the Sunday before the Atlantic City meeting of the American Medical Association. This is part of the Association's systematic campaign to enlighten the public along health lines.

Laboratories will be establisht in Chicago and San Francisco for analyzing drinking water served by railways. Assistant Secretary Newton, of the Treasury Department at Washington, authorized them, and Surgeon-General Blue, of the Public Health Service, will equip them immediately for examinations to prevent the spread of disease in interstate traffic by the use of contaminated water.

Before the section on public health of the American Medical Association, at its recent Atlantic City meeting, experts asserted that tuberculosis was due to poverty in a great percentage of cases. Dr. S. C. Knopf, of the New York Bureau of Health, said: "Unless we have more humanity and social justice, tuberculosis will continue to be the cause of poverty. A class of the seemingly unfit is being created by rules which require physical examination for employment. To care for this large army, we must take on ourselves some responsibility. Obligatory insurance for the sick and aged, similar to that of Germany, must be taken up by the State. The other step I would propose is that of establishing industrial colonies where these unfortunates can be cared for and taught some useful employment." The suggestion was amplified by Dr. Woods Hutchinson, of New York, who said: "Public insurance is only a question of time. We should prepare the way for it by getting a body of facts, so that we shall have something practical to suggest when the time comes. Let young physicians be permitted to take families and treat them for a year and estimate the expense." He askt for the appointment of a committee to look into this matter and make a report to the section next year.

Malignant endocarditis was proved at autopsy to be the cause of death of Clarence E. Pantzer, in the N. Y. State militia, at Brooklyn. The yellow dailies, in scareheads, as usual, had paraded it as the first known death from injection of anti-typhoid vaccine.

Colfax Springs and Des Moines, Iowa, will entertain the Medical Society of the Missouri Valley on the occasion of its twenty-seventh annual meeting, September 17, 18 and 19, 1914, under the auspices of the Polk County Medical Society.

American physicians traveling abroad this season should view the Hygiene and Red Cross sections of the Swiss National Exhibition in Berne, which opened on May 15th and which will last until October 15th next. The exhibition has been partly arranged by the Swiss hospitals.

The financial status of Yale's reorganized medical school is now assured. To this end, for the erection and equipment of a laboratory, $125,000 has been pledged; for endowment of the hospital alliance, $500.000, and for the medical school endowment, $1,100,000. The $125,000 for the erection and equipment of a laboratory is from members of the Brady family, of New York and Albany, and the building will be known as the Anthony N. Brady Memorial Laboratory. Several members of the Brady family have attended Yale. Members of the same family have also pledged $500.000 to establish the Anthony N. Brady memorial foundation in the medical school.

The new $130,000 building of the Volunteer Hospital, New York City, has just been opened.

Isolated cases of bubonic plague continue to be reported at seaports on the Carribean Sea and the Gulf of Mexico.

The Council of Medical Education presented its tenth report at the recent meeting of the American Medical Association at Atlantic City, in which gratification was exprest that the number of medical colleges in the country had decreast from 160 to 100 within ten years. This, the report said, was a most propitious sign, as the commercial medical schools were being driven out of business, and only the reputable universities were graduating physicians. Special emphasis was placed upon the advancement made by medical colleges in the Southern States, 50% being rated in Class A. Greater strides have been made in the South than in any other section of the country in proportion to population.

American practicians who are interested in nervous diseases should note that the Swiss Society of Neurology has called an International Congress of Neurology, Psychiatry and Psychology to be held at Berne from September 7th to 12th next.

Dr. Emil Gruening, at one time a country merchant in Mississippi, a veteran of the Civil War, and a pioneer ophthalmologist and otologist of New York City, died at his home, May 30th, from cerebral endarteritis, aged 71.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Rubber Gloves in Obstetric Practise.

EDITOR MEDICAL WORLD:—The use of steril rubber gloves in obstetric practise is, no doubt, one of the greatest safeguards to doctor, nurse and patient, providing certain definit rules are followed with regard to their use. While no reliable data, as proof of this contention, can be given, it is a well-known fact that since the advent of gloves, the percentage of infections has been greatly reduced, except under such circumstances as when too great reliance has been placed on the gloves and too little dependence on scrubbing in making the preparation, which means disaster.

By the proper disinfection of the hands and forearms of the doctor and nurse, the proper preparation of the patient, and with carefully sterilized gloves, the danger of transmission of infection from this source may be still further minimized. There should be none. The pregnant and lying-in woman is especially prone to infection, by reason of the local free blood supply; and the routine use of gloves in the examination of pregnancy, also during labor, cannot be too strongly urged, and certainly no physician or obstetrician who is at all doubtful with regard to his asepsis is justified in attending a woman in confinement without making use of this simple and effectiv precaution. If, on the other hand, any carelessness exists in the disinfection, on the part of the operator, by reason of the fact that gloves are being used, they become a source of danger. In themselves they are not sufficient. They are too destructible, and too liable to be torn or punctured, in obstetric manipulations, particularly during the use of instruments, to be depended upon, as a protectiv measure, unless due attention is first given to disinfection.

Maternity hospitals where gloves are universally used, where some carelessness in the preparation exists, because they *are* used, will give a higher percentage of infections than the institutions where special attention is given to disinfection of the hands, etc., and gloves are not used. The same is true in private practise. The fact remains that gloves furnish additional protection that cannot possibly obtain without their use. In emergency work, where there is not sufficient time nor opportunity to devote to scrubbing the full ten to fifteen minutes allotted to this precaution, the prepared steril gloves are essential and will furnish the necessary protection. It is in the emergency work, when the presenting part is on the tion, without sufficient time to properly disperineum and demands immediate protecinfect, and with little or no danger of injury to the gloves, that they serve their best purpose. There are many instances on record where the doctor or nurse has been directly responsible for the transmission of infection, innocently, to the lying-in woman, from unclean hands or possibly from microorganisms about the genitalia of the patient, who had not been properly prepared, for which there is not always a valid excuse; but it is not always the patient who is the victim. Nothing can be more unfortunate than the infection of the physician or nurse, during the faithful performance of their duty, with some infectious or specific disease, not always in evidence and sometimes existing when and where least suspected. It is a well-known fact that many physicians have endured much suffering and others have lost their lives from infection transmitted in this manner, while the use of gloves would have furnisht ample protection and would have been an absolute preventiv.

The idea that rubber gloves interfere with the sense of touch is not a valid objection to them. When accustomed to their use by practical experience, the most delicate procedures may be carried out just as satisfactorily as with the bare hands, excepting possibly the rupture of the membranes, when necessary with the finger nail, as was formerly taught. This method of rupturing the membranes, however, is unsafe and unwise, and can better be accomplisht with a closed scissors, with one blunt and one pointed blade, introduced to the membranes, guided by a gloved finger, and the blades slightly separated while the membranes are tense. The gloves should be of medium thickness, properly boiled or preferably, ster-

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ilized by the dry method for obstetric work, and drawn over the carefully disinfected hands with the technic that will avoid contamination.

While it is the duty of the nurse to protect her patient by the use of gloves, it is equally important that she be protected, by exercising the same precautions in hospital practise and in all suspected cases in private practise, during catheterization of a patient with urethral irritation or discharge; also when administering the douche or enema, under similar and other suspicious circumstances.

Sterilization of Gloves and Skin.

The method of sterilization of gloves is a simple process. Wet sterilization consists of *boiling* the gloves after placing them in the muslin bag, in a basin of water for fifteen minutes—never less than ten minutes of activ boiling—will insure safety against all of the micro-organisms. If boiled too long, the rubber is injured and the gloves rendered useless. For dry sterilization the gloves are well powdered with a dusting powder—boric acid will answer the purpose—and a piece of gauze with powder placed in each glove for dusting the hands when used. The cuff of the glove is turned back about two and a half inches; they should then be wrapt in steril gauze and put up in covers—either towel or muslin—and sterilized in an autoclave for thirty minutes under from fifteen to twenty pounds' pressure. The same process may be carried out in an oven of the private home. Dry sterilization is a desirable method for obstetric practise, as the gloves may be prepared in advance and ready for immediate use when needed.

As previously stated, rubber gloves are not intended as a substitute for scrubbing and the antiseptics used for disinfection, but for additional protection to all concerned. The one exception may be in emergency work when little more is required than to protect the perineum, under which circumstances less time may be consumed in scrubbing.

It is useless in private practise to attempt to follow out the hospital methods of hand disinfection, *i. e.*, permanganate of potassium-oxalic acid-alcohol and steril water solutions; it is essential, however, to have and keep the nails well groomed; to scrub from ten to fifteen minutes with a soft brush, using tincture of green soap or one of the reliable liquid antiseptic soaps, followed by steril water and a 1 to 1,000 bichlorid or biniodid of mercury solution before applying the gloves. The presence of micro-organisms about the genitalia and the escape of about two billion colon bacilli from the intestinal tract during every 24 hours together with the ease with which they invade or are transmitted to the vaginal tract, regardless of the use of gloves, should be seriously considered.

The same solutions in the order named used for hand disinfection may be used in the preparation of the patient, except that cotton or gauze sponges should be used instead of brushes; and the mercurial solution should be 1 to 2,000 in strength. The bowels should first be thoroly irrigated—as soon as labor becomes activ—whether they have been moved recently or not.

Before any examination is made the gloved hand should be immerst in steril glycerin or, better still, in a 1% solution of liquor cresolis compound. The latter solution is both antiseptic and lubricant, while the mercurial solutions, if used for this purpose, tend to dry and remove the lubricating effect of the normal vaginal secretions, and thus favor traumatism of the mucous membrane. In addition to the gloves, after the original preparation by the nurse, the only necessary solutions in the lying-in room are a pitcher of steril water, a 1% solution of liquor cresolis compound, for immersing the hands and cleansing the vagina, if required for that purpose, and a 1 to 2,000 solution of bichlorid or biniodid of mercury, preferably the latter, as it is unirritating to the tissues and noncorrosiv to instruments, for external cleansing of the patient.

Immediately after using, rubber gloves should be well cleansed, thoroly dried with a coarse towel—including the reverse side—and carefully powdered, otherwise they may justly be regarded as a nuisance and a new pair required on each occasion.

J. C. APPLEGATE, M.D.,
Professor of Obstetrics, Temple University; Obstetrician to Samaritan and Garretson Hospitals.
3540 N. Broad Street, Philadelphia.

DEAR DR. TAYLOR:—I am inclosing Wells-Fargo money order for $4, probably the last you will receive from me. Am now retired, but still enjoy THE WORLD in more ways than one. Think I have been receiving THE MEDICAL WORLD since 1884 without a break, and still have all the copies on file. Have you a continuous subscriber of longer duration? Have been independent in politics for thirty years. Have always delighted in your "Talks." My American backbone is stiffer thereby. May your health and strength continue that the good work may go on.
Oakland, Cal. J. H. HEATH.

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Creosote in Tuberculosis.

EDITOR MEDICAL WORLD:—I believe I am moderate in my claim when I say that to cure a far larger percentage of cases of incipient tuberculosis than has ever been known, we have only to add to our splendid modern curriculum of cure, as pertains to diet and hygiene, liberal medication with that new substance permitting full dosage of creosote, and known as calcreose. This particular combination (calcium et creosote) thru its greater degree of tolerance by the system, proves conclusivly to my mind what has for long been claimed by prominent therapeutic authorities, that creosote is the most effectiv medicin known for tuberculosis.

Personally, I am even more sanguine than my opening statement would imply as to hope of calcreose, especially since observing its action in the case I briefly report below, yet for fear of exceeding the limit of belief existing as concerns a new remedy, I will claim nothing more now, tho I would not be surprised to be forced by results to do so later.

Case, that of a woman, aged 50. Sputum examined by State of Maine laboratory, showing bacilli numerous, diagnosis of tuberculosis having been previously made by two lung specialists, one of whom stated patient had but a few months to live. This patient weighed 117 lbs. when she came to me, her normal weight being from 145 to 150 lbs.

Auscultation showed bubbling and gurgling râles at apex of right lung, with prolonged, high-pitcht expiration. Expectoration quite plentiful and of a greenish-yellow color. Slight temperature at times, with pulse around 90 much of the time.

This case appeared to me as much more than incipient, and had been so clast by the aforesaid specialists, albeit if we call it incipient, we have yet to admit remarkable results.

The treatment was simple, following the modern board of health bulletins as to manner of life, diet, etc., with nothing new except calcreose, which was used liberally in solution, beginning with 1 teaspoonful and increasing up to 4 in glass of pure water, every three hours. The equivalent of 120 minims of pure beechwood creosote was put into the system every day, this extraordinary quantity being well assimilated, with the result that after the patient had taken the first gallon, in about two months' time, her cough was very slight, and her circulation much better, while her weight, which was 117 lbs. when I first saw her, had gone to 145, under the better appetite and more perfect assimilation that, contrary to much of our experience with former creosote medication, is almost sure to obtain with this combination of creosote with calcium. Six months later, under continued treatment, cough all gone; no râles; lady doing her housework; weight, 150 lbs.

Without further detail let me say that two years have elapst since she had a cough, even when having a cold, and her own testimony is, "I never was in better health in my life."

If this sounds like a fairy tale put forth by some charlatan, remember that it is a real, true story of a patient treated ethically.

Boston, Mass. A. P. REED, M.D.

Blood Pressure: Its Influence on the Five Senses.*

EDITOR MEDICAL WORLD:—This subject is one that ought to be more frequently observed from a diagnostic standpoint. In fact, it should be rated of equal importance to the thermometer or stethoscope. It is in diseases of a chronic nature where the sphygmomanometer is of real value, just as the former two instruments are in acute cases. The character of the pulse will not determine blood pressure; but the use of the sphygmomanometer and a proper understanding of its reading will clear many a puzzling case and point the way to the indicated remedy or treatment.

An affection of one or more of the five senses, however slight, will usually give one warning that something is wrong with this sympathetic system of ours, especially when past the meridian of life.

It is the pathology of this system that has a direct bearing on blood pressure, be it either hyper or hypo-tension, for the involuntary organs are affected thru these wrongs. It may be failing eyesight or some other painful or pathologic condition of these organs. It is well to make use of the sphygmomanometer in any case, and if this condition is brought about by tension, either hyper or hypo, then the way to treat such cases is evident. It may be a case of glaucoma, albuminuric retinitis or a simple case of eyestrain. I do not belittle other well-tried means and methods, but in connection therewith this diagnostic instrument will prove a valuable addition.

Dizziness or a gradual loss of hearing is a very uncomfortable situation to be in, and yet, if blood pressure is the cause of this affliction, the way is easy to correct this pathologic condition.

The sense of smell may become impaired, and yet this insignificant loss may not be noticed. It may, however, be a very important factor in pointing the way of avoiding more serious sequels when due to hypertension.

Numbness may affect the sense of touch,

*Read before the California State Eclectic Medical Society, May, 1914.

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and taste may be perverted, but who in ordinary health would think of going to a doctor for such a trifling thing, and even the medicin man may overlook such a small matter in making his diagnosis. But when such a case comes before a medical examiner of a first-class life insurance company and a consequent rejection follows, only on account of a moderate rise of blood pressure to about 150 millimeters in an otherwise perfectly healthy individual, then it is some cause for serious consideration.

The taking of the blood pressure should be a matter of daily routine in making examinations, for should this be the underlying cause of such apparently slight ailments as has been heretofore mentioned, serious consequences may be guarded against and the development of a pathologic condition can be avoided. It is possible to foretell an oncoming apoplexy by such an examination long before this occurs—from two to five years—and just think what a long period of time one has in which to correct this gradual pathologic change and prevent this calamity. By the proper treatment of this condition ten years or longer can be added to one's life.

Hypertension may be intermittent at first, but it is a very positiv indication that eventually this will become a permanent condition if not corrected.

Cowing says that "all conditions with a sustained pressure of 100 to 150 millimeters or over, above the standard, are truly pathologic cases."

Normal blood pressure is, in males, 120 to 130 millimeters, while in females it is 110 to 120.

Low blood pressure, or hypotension, will be found in debilitating, malignant or wasting diseases, and by the use of the sphygmomanometer one can readily be informed what improvement is being made toward the normal standard.

A correct diagnosis will determin the proper treatment and this little instrument will help one to obtain both results.

Treatment of High Blood Pressure.

In order to reduce high blood pressure, or hypertension, we have in electricity one of the principal means at our command.

D'Arsonval has called attention to surprising results which he obtained with the *high-frequency machine* and couch or pad. This experience has been verified by other investigators along these lines. This electrical machine in a physician's office, when thoroly understood, is an invaluable instrument. It can be used, not alone to reduce or raise blood pressure, but also for many other useful purposes, among which are x-ray, diathermy, fulguration, violet-ray lamp, high-frequency effleuve and the high-frequency glass electrodes, used either mono or bi-polar.

To reduce blood pressure, the patient reclines on the couch or pad and is connected to one pole of the battery, the other being connected to a metal electrode held in both hands. This current can be registered on a meter. Three hundred milliampères is usually allowed to pass thru the patient for about ten to fifteen minutes every day, or on alternate days, depending upon what one is desirous of accomplishing.

The more grave the disease, the more energetic will be the treatment. In connection with the foregoing, the *indicated remedy* must not be overlookt, as well as correcting the secretions and the excretions. Acidoses and indican must be eliminated from the system if found to be present. Specific medicin veratrum and specific medicin apocynum will be the remedies most generally indicated. The *diet* will be along the lines of the vegetarian, with Bulgarian buttermilk as a beverage. Water in large quantities is harmful, as it will raise blood pressure. In a corpulent patient whose pressure was 222, and whose diet was carefully regulated, a fatal apoplectic stroke was superinduced during very hot weather by his drinking large quantities of water to quench an insatiable thirst.

Treatment of Low Blood Pressure.

In order to raise blood pressure the high-frequency electrode along the spine for fifteen minutes daily will be found useful, in connection with the indicated remedies, such as strychnin, nuclein, etc., and the proper diet. Good, plain, nutritious food, such as eggs, meat, soups and milk, if it agrees. It will be noticed that this diet is just the opposit to that required for hypertension.

A. S. TUCHLER, M.D.

San Francisco, Cal.

EDITOR MEDICAL WORLD:—I subscribe for the following medical journals: THE MEDICAL WORLD, the *Journal of the A. M. A.*, *American Journal of Obstetrics*, *La Clinique*, publisht in Montreal, and the following, publisht in France: *Le Monde Medical*, *Revue Gynécologique, Obstetricale et Pediatrique*; also the *Journal Médical Français*, publisht in Paris. It may interest you to know that THE MEDICAL WORLD comes nearer filling the requirements of a good general practise in a city of 60,000 than any of the above publications. I have many valuable clippings from THE WORLD which I have kept for several years and to which I refer frequently. O. F. MARCOTTE.

Topeka, Kan.

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Must the Doctor Respond to Calls?

EDITOR MEDICAL WORLD:—A girl in Duquoin, Ill., was taken sick. Her father went for Dr. D. W. Dunn, but as the man had not paid the doctor for his preceding services he refused to go. The father shot the doctor dead. This exemplifies the relation borne to the community by the doctor, as it is lookt upon by many of the lower classes. The doctor is a public functionary whose duty it is to respond to every demand made for his services. How the doctor is supported is not clearly understood, but payment to him is clearly a gratuity, a token of grateful appreciation, and not at all a regular obligation, a wage for work done, union scale, regular hours with double pay for overtime or Sundays. Sometimes as we hand out our scanty cash to plumber, carpenter or other mechanic we wish we were on the unionized schedule. There would be far fewer night and Sunday calls, many more would come in before we start on our morning rounds.

It is not pleasant for anybody to think of a little child suffering and the doctor refusing to go and relieve its pain, just because the dollar is not handed over. We can easily appreciate the father's point of view, altho we object to his shooting the doctor as a poor way of getting attention for the child. If the man were really too poor and friendless to raise a dollar he was entitled to public relief, and should have applied to the physician paid by the public for attendance on such cases. A little exercise of wit usually enables a doctor to avoid such open breaks. There was once a practician in this city who had a large practice and a high reputation among the poor. He never refused a call and never lost a fee. His method was simple. Everybody knew his rule—cash in advance before he saw the patient—and nobody sent for him unless the money to pay him was there.

Entering the house, he began by asking for his fee. Should the family respond that they hadn't the money, the doctor would look about the room and say: "Well, you have fine-looking friends and neighbors. Some of them will lend you the money. No? Oh, if the people who know you will not trust you for $2, you can't expect a stranger to do so." And he took his departure.

Unfortunately, illness comes to most people at a time when money is scarce. That may itself be the cause of the sickness. The earning power of the household is reduced; besides the sick one, somebody must wait on the invalid; medicins, foods, other needs must be provided. Recovery sees a lot of new bills, old ones in arrears, the working capacity small until convalescence is completed, and altogether the doctor's chances for payment are remote.

It's a bad system. Very few are prosperous and forehanded enuf to provide ahead for sickness. An epidemic fattens the doctor's books, but who is to pay? And when? The whole community is prostrated financially. Our fee system, inherited from a day when conditions were different, does not suit the present times.

WILLIAM F. WAUGH, M.D.
Muskegon, Mich.

Sexual Impotence.

EDITOR MEDICAL WORLD:—I have been reading a great deal about "sexual impotence" in your excellent journal, which recalls to my mind some experiences of my own in such cases. I, in common with other general practicians who have been practising medicin for a number of years, have listened to the "pitiful story" of a varied clientele, including both men and women of varied ages, occupations and temperaments, from the 20-year-old boy to the 75-year-old man, all begging for relief. To me it is a "pitiful story" and one that always brings out my sympathies.

Not all, by any means, have had gonorrhea or syphilis. Sometimes our efforts are successful and sometimes they are not. Sometimes we can find a cause and sometimes we cannot. I cannot always call those cases where no cause can be found "psychic impotence"; that is, I cannot call them that and feel that I am right, but question my acuteness of perception, my ability to find the *real cause*.

The following case is one of the latter:

Mr. X., aged 35, is a farmer, about six feet tall, large boned and apparently in first-class health. No history of syphilis or gonorrhea. Drinks but little and smokes only occasionally; appetite good, bowels regular, works hard, and seems strong. When about 10 years old had pneumonia, with pleural effusion, which was drawn off several times before it finally healed. Since then has been well. Father died from Bright's disease at about 65 years, and mother died at about same age of cerebral hemorrhage.

This patient first came to me about four or five years ago, saying that he wanted some medicin. When in the company of women or girls he experienced violent erections, which were very embarrassing. He also complained of similar trouble at night, preventing sleep, with an occasional dream resulting in an emission. About

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a year afterward he confidently told me that he had patronized a house of prostitution since seeing me. I heard no more about him for probably another year, when he was married. This was about two years ago. Six or eight months after marriage he called at my office and told me he was unable to have proper sexual relations with his wife. The erections were feeble, yet sufficiently vigorous for the act, but it could not be completed, as no emission resulted, and that his wife had began to ask what was the matter, and seemed somewhat dissatisfied. On inquiring how long this condition had existed, he surprised me by saying that it had *always been that way.* Altho he had had intercourse with other women before marriage, but without satisfaction, as no orgasm was ever experienced.

Since his marriage he had gone thru the effort about two or three times a week. Often after an attempt he would go to sleep and experience an emission accompanied by a dream. Treatment did no good. Assuring him that he would *soon be all right,* and to keep his mind as free from worry as possible, resulted in no improvement.

Now, what puzzles me is this—he can have *sufficient erection* to have intercourse, yet *no seminal emission results,* and *never did,* yet he can have them in his dreams. Now is this a pathologic condition or is it psychic? Whatever the condition is, it is *very real.*

I might add that the organs look healthy, penis, testicles and scrotum are normal in size. The only thing that might be questioned is a *possible tightening* of the prepuce, yet not sufficient to prevent the exposing of the cervical sulcus. I have advocated circumcision, and he promises to have it done "some time." If any of the brethren have had similar experiences, I should be pleased to have their opinions thru the columns of THE WORLD. J. A. SWEM.

Henry, Ill.

[We see, Doctor, that you have not examined the man thoroly. You do not state whether or not his prostate is enlarged. If you cannot make the necessary examination send him to a genito-urinary specialist. The pil. camphor, hyoscyamus and valerian might be of value. The following articles should interest you.—ED.]

Treatment for Sexual Impotence.

EDITOR MEDICAL WORLD:—I write in the interest of Dr. "Montana," in the June WORLD, page 263, as he seems to want help and no doubt needs it.

During the last few months I have helpt several impotent men, much older than the doctor, out of this trouble. One was so bad as never to have an erection, and would ejaculate in stepping off the doorstep, alighting from his horse, or by the stumbling of his horse, etc. In a few months' time, he tells me, he is a well man.

Doctor, I believe you will be a well man inside of two or three months if you will follow these instructions:

Before retiring at night and on rising the next morning bathe the generativ organs for several minutes in cold water, then thoroly dry them. Take two 4-grain tablets of chromium sulfate after each meal, three times a day and at bedtime. When you begin to feel you are coming to yourself again you may take one every three hours. This will do the work; do not doubt it. For a few months I advise copulation every two weeks. P. C. CONN.

McCurtain, Okla.

EDITOR MEDICAL WORLD:—"Montana's" sexual impotence (June WORLD, page 253) is a type often found as result of "sexual fraud," which he admits, and he an M.D.

Let him take str. phos. and phos. acid occasionally, and, as you direct, forget his weakness, but never practise sexual fraud in any way. Lycopodium 12x to 30x, a few doses, will often bring the relaxt penis to life and surprise the 60 to 70-year-old man. J. D. GEORGE.

Indianapolis, Ind.

Comminuted Fracture of Patella Well Healed.

EDITOR MEDICAL WORLD:—I recently treated a comminuted fracture of the patella with perfect bony union, and in two months complete recovery and good use of the joint. Rarely does one meet with such a condition and excellent results. The patient was in his teens, hence his age favored very much his rapid recovery. The injury was the result of a fall upon the sharp edge of a T rail, and produced a very much comminuted fracture, with not less than five segments.

On examination crepitation could be distinctly felt and a fluctuation mass incased the fragments of the patella.

The operation for repair was undertaken a fortnight subsequent to the injury under ether anesthesia, with the assistance of the attending physician, Dr. Mulvehill, and consisted in making a semi-lunar incision of about three inches, beginning at the one pole of the patella ligament, curving out beyond the margin of the patella and ending at the opposite pole in order to bring the future scar away from the knee-cap proper and place it on the side of the leg, after which the skin was dissected away from the patella and the periosteum and soft structures were incised, opening up the fracture as well as the joint proper, when

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a sudden gush of blood and synovial fluid occurred. I sponged out carefully all clots and removed all but the two larger fragments, which latter were brought in apposition by inserting two or more sutures thru the patella ligaments and making them snug to the end of the fragments, tying them closely. This brought the fragments together and held them until the periosteum and soft structures were united by several interrupted sutures. This successfully approximated the two bone surfaces and held them together. The skin was united by continuous subcutaneous sutures of silkworm gut. All the other sutures were of ten-day catgut.

The recovery was rapid, aside from a little pus discharging from the wound about the fifth or sixth day, which, according to the reports of the attending physician, was subcutaneous and quite superficial.

A matter which I wish to impress upon the reader is the importance of removing the smaller fragments in fractures of this character, because union will be interfered with by their presence.

The first impulse that naturally suggests itself to one in fracture of the patella is to suture together by wire, yet when the fracture is a comminuted one, and if it is possible to retain the apposition by suturing the soft overlying and surrounding structures, the hazard is much less and the chance of a bony union is better.

The leg was placed upon a stiff posterior splint and kept quiet for several weeks, and at the end of two months the patient had good use of his limb.

The reader will notice that the incision was made to the side of the patella in order to place the subsequent scar where it would do the least injury in future movements, and be subject to less irritation from pressure and contusion.

M. J. BUCK, M.D.
Diamond Bank Building, Pittsburgh, Pa.

EDITOR MEDICAL WORLD:—Inclosed find subscription to your valuable journal. I find it to be the most practical journal that comes to my desk. Your Business Talks to Physicians is worth the price of the journal, for you certainly give some good and wholesome advice on investments. As a rule, physicians are easy prey to slick-tongued stock salesmen, who propose to sell them stocks that will pay a dividend of from 25% to 40%, and, as a rule, the stock is not worth the paper it is written on. I have known physicians to buy stock and pay out hard-earned money for it, and the stock would decline in price till it was worthless, and never pay a dividend.

I wish THE WORLD the greatest of success, and I trust you will never let up on your Business Talks to Doctors. If you never write a line on a medical subject, and keep up your Business Talks, you will have done a noble work, for which you will be honored by the profession.

J. J. MONCRIEF.
Bigelow, Ark.

The "Twilight Sleep."

EDITOR MEDICAL WORLD:—Under the title of "Painless Childbirth," in the June *McClure's Magazine,* we find a description, by Marguerite Tracy and Constance Leupp, of the application of hypodermic anesthesia, as practised in the obstetric work of Drs. Bernhardt Kroenig and Karl Gauss, at Freiburg, in Baden, to which reference was made in July WORLD, page 292.

We of the medical profession know that there is nothing especially new in this particular practise, either here or in Germany. Gauss made reports, relativ to the "Twilight Sleep," in 1907. At that time he said that the scopolamin content of the mixture of that drug and morphin, employed to produce the desired amnesia, was variable. American investigators, after a series of experiments, reacht the conclusion that hyoscin from henbane, and that alkaloid chemically pure, was preferable to and much more stable than the uncertain alkaloid of scopola.

The authors of the article in *McClure's* tell us that Kroenig and Gauss store their scopolamin and morphin mixtures, or the first-mentioned alone, in "Jena glass" receptacles. There is a reason for this. The drug, in the Freiburg hospital, is prepared in solution and in considerable quantities, and consequently is liable to deterioration, or contamination, after being so prepared. The American doctor has found that chemically pure hyoscin may be retained in tablet form indefinitly and without fear of change or untoward physiologic effect.

The authors would lead the public to believe that this matter of hypodermic anesthesia is a new thing; one not given attention in America. This is not so, and especially in obstetric practise, if we may judge from reports from doctors from the four corners of the country, who have been, are at present, and probably will continue using hyoscin and morphin. These two drugs, with the addition of a cactus product, the latter as a heart stabilizer, have been in use in this country for about the same length of time that the "twilight sleep" has been in vogue at the Frauenklinik in Freiburg.

Unlike the Germans, however, the American doctor has not exploited this practise and made profit therefrom. Primarily, the hyoscin, morphin and cactus combination was introduced with the idea of producing profound anesthesia, and doing away with the volatils in general surgical work. The

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American operator soon found the original dose suggested carried with it some danger, and in consequence the dose was reduced and, instead of relying wholly on the hypodermic mixture for anesthetic effects, it was employed for its obtunding action and in combination with the volatil anesthetics.

One of the primary reasons for the failures and disasters associated with hypodermic anesthesia was the large dose of both scopolamin and morphin employed. Another was that the impure scopolamin and not the chemically pure hyoscin was employed. Still another that the heart was not bolstered up in the least.

After the combination had been employed in surgical work for some little time, attention was given to it in connection with obstetric work. Here, again, there were reported failures, but it was found that these were due to too great dosage, and not to the danger of the drug itself. The original, full dose suggested of the obtunding drugs was hyoscin hydrobromid, gr. 1/100, and morphin hydrobromid, gr. ¼. This was found, in many cases, to produce a condition nearly that of complete anesthesia, instead of the amnesia desired by the Freiburg doctors. Not only did this happen, but a species of delirium, due to the hyoscin content, occasionally developt. Further experiments were carried out and it was found that the initial dose of one-half the amount above mentioned gave much better results, and hundreds, yes, in all probability, thousands of American doctors are to-day employing this combination in their obstetric practise. Hence it is readily seen that the Freiburg doctors are not ahead of the American practicians.

While there may be some question as to the purity of the drug employed, it is possible that the close attention given the patient subsequent to the injection may have much to do with the success of the "twilight sleep" of the Freiburg clinic. The practise of Kroenig and Gauss is not to leave the patient for a single moment after the first injection, in that her mental condition may be under observation at all times; that just enuf, and no more, of the drug is employed. The brain, as in natural slumber, is simply placed in abeyance and without total obliteration of the reflexes, and held at such point without the establishment of total anesthesia. The patient feels, but does not remember. This, in our mind, solves the whole question. It undoubtedly accounts for the success at the Freiburg clinic. Just enuf, and no more; the same idea that enters into all matters of rational therapeutics.

Kroenig and Gauss give morphin only with the original dose, the first one injected, subsequent injections being of scopolamin alone. The American doctor has found that the relativly small dose of morphin, ⅙ grain, may be repeated with the subsequent injections of hyoscin without fear of disaster.

With the introduction of scopolamin and morphin, or hyoscin and morphin, in America, and probably due to the excessiv dose suggested, much fault was found with the use thereof. There were some deaths, and these were laid to either scopolamin or hyoscin and no attention given the morphin content, altho 1½ grains was the first suggested dose. There was a paralysis of respiration, *which might have been due to the last-named drug, and on account of overdosage.* This occurred in both surgical and obstetric practise. And in the original combination 1/40 grain of scopolamin was employed, sufficient to put the patient completely to sleep; in a state of full anesthesia. Many who find fault with these combinations undoubtedly base their ideas on the first, and not the latter, proposed doses and handling thereof.

In the earlier days of the use of these hypodermic agents, in obstetric practise, and even with some to-day, we found the doctor giving his first injection and then lying down for a little "snooze" on his own account. *He did not give his patient the close attention she has been given in Freiburg!* This may likewise have accounted for some of the failures. The effect of amnesia was either not thought of or not sought. Herein did Kroenig and Gauss point out the proper technic of procedure. In our mind it would seem possible, as we have said before, that therein lies their entire success.

"Too many blue babies" has been the cry in connection with the use of these combinations. Is this true, or are they reported to a greater extent than in cases where such agents are not employed? We believe the latter to be the truth. Reports of cases all over the country have shown that the babe is not seriously affected, if at all, when the proper dosage is employed. The Germans do not seem to have very much trouble of this sort. We have seen a good many "blue babies," and with neither the hypodermic nor volatil anesthetics employed. There

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would be hardly enuf of either the hyoscin or morphin absorbed by the babe to give any very decided effect.

We have employed hyoscin and morphin, in small dosage, for the production of amnesia, in numerous minor surgical cases, where it was impossible to employ the volatil agents, or where they were not indicated and where it was not permissible to use cocain, or drug of that nature. The results have been very similar to those reported by Kroenig and Gauss in connection with the "twilight slumber." The patient has frequently been cognizant of our every action, *at the time of action;* in some instances has complained of some slight pain, attendant to either cutting, suturing or other manipulation, but subsequently, after fully awakening, has failed to remember a single thing which happened during the time of operation. And still, in none of these cases under our observation, have the reflexes been destroyed, or seemingly interfered with to any very great extent. Primarily, we employed the dosage of hyoscin hydrobromid, grain 1/100, with morphin hydrobromid, grain ¼, but later found that half this dose gave us, in minor work, equally as good, if not better, effects. Consequently we repeat, that we believe the keynote to the whole situation is the question of dosage; just enuf and no more, with the idea of obtunding the central sensibilities, rather than destroying them *in toto*. With these small doses, repeated at half-hourly or hourly intervals, we have as yet to see respiration interfered with to a recognizable degree. The failures have been due to the complete abolition of the reflexes. The patient who is only in a state of amnesia can be awakened at any moment and he responds to stimuli, either operativ or other, subconsciously. As a rule, either in surgical or obstetric work, there is sufficient occurring of a stimulating nature to bring about continuous reaction, and a reacting patient is not usually one with the respiratory center inhibited in any disastrous measure.

There are some who cannot reconcile themselves to the teachings of either Kroenig and Gauss or those of the American investigators. This undoubtedly because of ignorance, rather than any faulty drug action. They stopt with the study of these obtunding agents at about the time of their first introduction and made no farther endeavor to either bring about an improvement in technic themselves or accept those given by others. Consequently, if we are to reconcile our minds to the fact that both the Freiburg and American investigators have given us something worth while, we must, perforce, accept their teachings. *It is to be noted that those who have given close study to these agents, both as to drug action and technic of application, are employing them daily and without the least fault to be found.* These men are reporting successes, not failures. But they are not employing the agents in the terrific dosage first suggested. They have studied their agents and become acquainted with them and their effects and possibilities. Those who condemn them are usually men who have had little experience in their use and who rely wholly upon the investigations and findings of others.

From the foregoing it is very evident that there is nothing very new about the "twilight sleep," either in Freiburg or America, for that matter. It just happened that a couple of lay women ran into the idea and made it the basis of a magazine article. The only real harm done is the misleading of the American public at large, outside the medical profession. Not a single doctor has been misled by a single statement in the article—that is, if he happens to be in the drug-studying class. There are, sad to tell, some doctors in this country who give but scant attention to drugs in any form whatsoever, the drug nihilists, and it is they who will undoubtedly tell us that we must not employ these agents for the production of the "twilight sleep." However, if we follow the teachings of Kroenig and Gauss, as well as those of our drug students of America, and employ these agents in like rational manner, we can assure our American women the same peace of mind as is assured them in Freiburg at the Frauenklinik. We can assure them of the same lack of danger as is theirs in Baden. *But we must learn the proper technic and keep our patients under constant observation from the time of first injection to completion of the birth.* Do but these two things and you will hear fewer faults found with this mode of bringing relief to the woman in her hour of possibly greatest suffering.

GEORGE L. SERVOSS, M.D.,
Author of "The Hypodermic Syringe."
Gardnerville, Nev.

[We saw recently in a McClure publication a statement by the editor of the paper that it was his intention to iterate and reiterate the "twilight-sleep" matter until all the women of America were given this great

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boon to childbirth. We have seen laymen dabbling in medicin before, to the sorrow of all concerned. If the editors of the McClure publications persist in their intentions to make all women demand the use of these narcotics for childbirth, they will lead some of them thru the "twilight sleep" into the "eternal sleep." Not every woman is physically in condition for narcotization or seminarcotization. These things are for the doctor to determin. If the writers of this wonderful foreign discovery have anything more to say on the subject they had better go to the far wilds of Alaska and tell it to the north wind.—Ed.]

Some Obstetrical Experiences.

Convulsions.

Editor Medical World:—On entering the sickroom the husband told me that the babe had been born an hour, *except the head.*

Approaching the bedside, the mother went into the most frightful convulsions. The husband and his sister, the only help present, began dancing about the floor, screaming, "She is dying, she is dying!"

As quickly as possible I pulled away the dead babe, and, slipping the mother's sleeve above the elbow and twisting it tightly, I thrust my thumb lance into the median vein. The blood struck the ceiling.

Soon the jactitation closed the orifice, and I then seized the other arm and bled from that, calling sharply for a pan, in which I caught over a pint of blood before convulsions ceased. I gave a free dose of veratrum viride and hourly doses of bromid of potassium. No further trouble. Recovery.

Arm and Shoulder Presentation.

Called in consultation. Found the patient a large, fleshy woman. The doctor told me that the babe's arm had been protruding for four hours and he could do nothing with it. I suggested that I would chloroform the patient and he could change the version to a foot presentation and bring the babe away. He exhibited a very large hand, and said he could do nothing. I then suggested *he* should give the chloroform and *I* would try to deliver the babe. He then stated that he had never given chloroform in his life, and feared to do so.

We compromised. I gave the chloroform to anesthesia, and turned it over to him, with instruction to keep a finger on the pulse and eye and ear on the respiration, and remove the chloroform if either pulse or respiration should show threatened failure.

With great difficulty—the pressure was immense—I passed my hand and secured both feet, and, pulling the feet and pushing on the arm, I effected version and delivery. The child was dead, but the mother recovered.

Twins—Postpartum Hemorrhage.

Patient a large, stout woman. For convenience, as it was ten miles to town, a strange doctor claiming twelve years' experience, visiting relativs one mile away, was called; a babe was born and after breakfast the doctor (?) returned home.

About 10 a. m. he was sent for and delivered another babe from the same woman. The second afterbirth was retained and there was a slow oozing of blood which continued until the following day, by which time the patient was bloodless and began to have fainting spells.

I was sent for, reaching there at sundown. As I entered the room the patient, pale and bloodless, appealed, "Oh, doctor, save me!" I turned to the doctor (?) and askt the trouble. He replied that she was flooding and he had no medicin. I askt what he wanted. He replied, ergot. I gave him a bottle and a dose was quickly given and as quickly thrown up, the nurse saying that she had vomited everything taken that day.

Washing and oiling my hand, I passed it into the womb and pulled away the afterbirth. The womb showed no contractiv power, and I called for a ball of snow. Before I could pass it into the womb it was melted by the great heat of the internal parts. I called then for a large, hard-prest ball of snow, which I carried into the womb against the denuded part. Instantly the uterus contracted and expelled my hand and the ball into the vagina.

I left the ball in the vagina against the os and replaced with smaller balls as fast as it melted. Besides, I folded a snow poultice on the lower abdomen to keep up the contraction of the uterus.

In the meanwhile I had them boil a dozen ears of corn, wrap them, and place them about the extremities to warm them. I also directed friction of the extremities, and had them rubbed with whisky, quinin and capsicum.

At 2 a. m. I could detect a fluttering of the pulse at the wrist, and by daylight she could retain a cream dram. Recovery.

Palmyra, Mo. James N. Coons, M.D.

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A Probable Trachelocele.

EDITOR MEDICAL WORLD:—I would like to add one to the list of interesting obstetric cases now being reported in THE WORLD.

One very dark and stormy night during the past winter I was called eight miles to a case of confinement that had been in the care of an old midwife for almost forty-eight hours. Case terminated in delivery, however, a few minutes before my arrival. The husband met me and told me it was all over, but they wanted me to see the patient anyway, as something strange to them had happened, and that she was much alarmed about it

Inquiring into the nature of the alarm, patient said at the height of a pain something popped in her left ear and a swelling as large as a goose egg suddenly appeared just below the ear. She said the swelling was rapidly going away. Palpation revealed a diffused, boggy, crepitating condition involving the entire left side of the neck, supraclavicular and inner infraclavicular regions. Tumor was much more pronounced at site of first appearance and tapered rapidly to vanishing point. Did not extend upward.

To be sure, a diagnosis of aerodermectasia was easy, but whence the air came and its route I would like the editor or some member of the family to explain.

Patient was a primipara, large and strong, and gave a history of a very hard time, being urged at every pain to use all the strength possible. Of course, the lungs were in a state of high pressure. Was there any rupture of lung tissue or could the pressure thru the trachea have produced a rupture somewhere high up?

Air was soon absorbed, producing no trouble. I never heard of such a case before. The books, so far as I have been able to find, do not mention the possibility of such a complication in confinement. I have my theory of the case, but am afraid it would not look well in the light of Dr. Taylor's footnote, which I hope to see following this report.

I also attended the birth of triplets ten months ago; all boys weighing eight, eight and seven pounds, all still living and as fine babies as you ever saw. The parents are unusually proud of them, and divided the President's name equally between them, as fol ows: Hubart Thomas, Herbert Woodrow and Hobart Wilson.

Alton, Mo. J. L. EBLEN, M.D.

[We do not think there was a true rupture or laceration of the wall of the trachea, or you would not have had disappearance so quickly and with so little trouble. The hypothesis upon which we would explain the novel phenomenon is that you had a trachelocele, of acute formation, and spontaneous disappearance. The trachelocele is a hernia of the mucous membrane of the trachea between two of its rings. The tumor is a cyst of mucous membrane filled with air, usually unilateral, but sometimes noted in bilateral form. Pressure is the usual treatment, but sometimes it is necessary to resort to operativ procedure. They may form suddenly, under a severe muscular effort; or develop slowly from unknown cause.—ED.]

Congenital Umbilical Hernia.

EDITOR MEDICAL WORLD:—I wish to call attention to a peculiar case in obstetrics, emphasizing the necessity of examining the cord before tying it off. On February 9, 1914, I attended Mrs. K. Morris, of Burr Oak, in confinement. The labor was normal, but in delivering the child I noticed two enlargements of the cord. One about one and one-half inches from the child, the other about two inches nearer the placenta. My first impression was to cut the cord between the child and first enlargement, as cord seemed about natural next to child, but cut between them instead. After delivery of placenta I found the enlargement on that side to be filled with amniotic fluid. But on examining the one next to the child, found it contained the small intestins; this tumor was about the size of an egg. I removed the thin membrane and tried to put the intestins back, but more came out. I then called Dr. Hershner, and he put the child under chloroform. By this time, about one and one-half hours after birth, a portion of the large bowel was also out. They were kept wrapt in hot towels. As soon as baby became quiet I enlarged the opening thru the umbilicus about one inch and put the intestins back and closed the wound with catgut.

Immediately after the operation the baby began vomiting and continued it for about an hour, when it went to sleep. The next morning the temperature was 100° by rectum. Gave a small enema and bowels moved naturally. The following morning temperature was 100°; bowels had acted. Next morning rectal temperature was 99°. There has been no trouble whatever as result of operation. Baby weighed twelve pounds at birth, and to-day, at four months

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of age, weighs twenty-four pounds. There is no hernia and child seems perfectly well. The case was unusual to me and I assure you I examin the cord much more carefully now. E. R. NUTTER, M.D.

Burr Oak, Kan.

[This was a case in which the umbilical opening remained patent. Dr. Thomas S. Cullen, of Baltimore, at the recent meeting of the American Medical Association, showed by lantern slides of sections of fetuses that the intestins are formed in the cord outside the celomic cavity and enter the cavity after their formation. As a result of this process Meckel's diverticulum, patent umbilicus, etc., sometimes occurs. Practicians will need to be on the watch for just such instances as the one here reported. —ED.]

Upright Position in Obstetrics.

EDITOR MEDICAL WORLD:—The article of Dr. H. C. Milburn, entitled a "New Paraphernalia for Obstetrics," in the May WORLD, pages 192-194, recalls to my mind a position in obstetrics frequently used in County Durham, England, where I acted as assistant to a physician in 1868-69.

Two ordinary straight chairs were placed side by side; the two close front legs were tied together, the two hind legs were separated about fifteen inches, the two sides of the seats of the chairs forming an angle over which the woman sat with her back to the chair backs, the physician sitting in another chair behind her, with an apron over his knees, a chamber vessel sitting on the floor in the angle beneath the woman. When delivery was accomplisht and her toilet made, she was put carefully to bed.

This position facilitated labor greatly, and I do not recollect of a single case being tardy after the first stage of labor was completed, which was the usual time for placing the woman on the chairs. The position was a little awkward to the physician at first, for prior to that he had been used only to the left-side position, but after a little experience he found it quite favorable for tying the cord, delivery of placenta and the usual attentions to the woman.

W. L. GODDARD, M.D.

Saulsbury, Tenn.

EDITOR MEDICAL WORLD:—Find THE MEDICAL WORLD one of the most beneficial journals that comes to my desk. Your business talks to the physician will be an everlasting blessing to the profession. I am herewith inclosing check for $2. Place it to my subscription, and let me know how far this will carry the subscription. WILLIS E. STERRS.

Decatur, Ala.

Treatment of Eclampsia.

EDITOR MEDICAL WORLD:—I have just read Dr. J. C. Taylor's treatment of eclampsia in the July WORLD.

I have had more experience with this trouble when the convulsions came on after the birth of the child. I have had two cases lately. The first one had a convulsion every hour from 6 in the morning till 5 in the evening. Her temperature ran up to 104.4° and pulse 164. Her finger tips were blue; also her lips. I thought she was going to die, and so did every one else. I used chloroform to control the convulsions and gave h. m. c.

Used the hot pack. Had a blanket wrung out of very hot water and put over the patient, with heavy quilts over that. Result: free sweating. Gave croton oil. I used Norwood's tincture of veratrum, 15 drops, and repeated in 30 minutes. I watcht the pulse and used the veratrum till I got it down to 60 and kept it there. She recovered.

The second case had, so they told me, 27 convulsions. I used the same treatment, except I gave infusion of digitalis as a diuretic. I also gave chloral and potassium bromid; but did not like it; so gave Mulford's somnos, for the reason that when she became rational during the day at night she would develop a violent delirium and imagined some one was pouring oil over her and was going to set it afire. The somnos controlled this condition and she recovered also.

In commenting on Dr. Taylor's article, I would say: Do not always bleed every case, for, in some, bleeding is not indicated. A full, bounding pulse would indicate bleeding. Then, if you give veratrum, you must remember you are bleeding your patient. Watch your effects of veratrum and *stay with your patient.* It is a dangerous drug and bears watching. In giving it, give deep injections and in the muscle. He is right about that. It seems that he mixes the morphin and veratrum. I would suggest that he give them separately in two injections. I like the h. m. c. much better than the morphin and do not want to give too much, as it will stop secretion—the very thing you don't want to happen.

Dr. Taylor says: "Wait and give nature a chance." There he has hit the keynote, for there is no condition that I know of in which we are liable to do too much as in this trouble. Another thing he says: "Do not give any preparation of veratrum but Norwood's." I will not use any other and carry it in my grip all the time.

In conclusion, will say the doctor is on the right track, but I must insist on the hot pack. Get the skin to acting. "If the skin is complementary to the kidneys, why not make the former accomplish what the latter are failing to do?" I urge the us of plenty of milk, especially buttermilk.

My sheet anchor is the hot pack and veratrum and use it to effect. Use chloroform and not too much morphin. T. GUY HETHERLIN, M.D.

Louisiana, Mo.

Alkanet root and phenolphthalein color oils, writes Dr. F. P. Blake.

EDITOR MEDICAL WORLD:—Cherry Valley, Ohio, is without a physician. This is a small town five miles from a railroad (the Youngstown branch of the L. S. & M. S.), in a prosperous farming and dairy community. To the right party, a young man who is not afraid of work and traveling over muddy clay roads for six months in the year, I believe that it offers a good opening. I will personally answer any and all letters regarding the place. JAY F. HATCH.

Andover, Ohio.

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Two Premature Babies in Close Succession.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD for about three years and I consider it the most practical journal that I receive. I noticed a number of obstetric experiences in the last issues of THE WORLD, so decided that I would report one.

During 1913 I delivered two live babies fór the same woman just eight months and sixteen days apart. The first one was born April 6, 1913. It was premature, but lived 36 hours. The mother got along fine. The second one was born on December 22, 1913, and, of course, it was premature, but it is still living and doing fine. The mother got along fine after last labor. Previous to these she had given birth to three babies at term, all still living. She has had one early miscarriage.

I have talkt with a number of physicians, and this is the closest record that I have found for two separate births with the same woman. Would be glad to know if there are closer ones.

Childress, Texas. R. B. WOLFORD.

Early Ruptured Membranes.

EDITOR MEDICAL WORLD:—I have a case I believe will interest the readers of THE WORLD, and will describe it briefly:

On April 26th I was called to see Mrs. J. B., who was having some severe pains in the lower abdomen. I made some inquiry and was told that she was about five months pregnant. She stated that she had had a watery discharge the previous two months and thought the membranes had ruptured at that time. While it did not seem possible, I kept it in mind and when on April 28th I was again called and was obliged to take care of an inevitable abortion (miscarriage), I found on delivering the placenta that the membranes were completely obliterated, being absorbed in the two months' time following the time of the rupture of the membranes. I have spoken of it to several old practicians and all agree that it was an unusual case. DR. M. HOOPS.

Springview, Neb.

Criticism of Dr. Summers.

EDITOR MEDICAL WORLD:—Since Dr. D. C. Summers, page 279, July issue, *invites* criticism, I should consider myself or any other physician *criminally hungry* that would leave a patient admittedly "very much exsanguinated"—nay, "bordering on collapse"—and go to breakfast. *How* could a physician under such circumstances eat, *knowing* the condition of his patient as admitted? I wonder what he expected upon his return but a dead woman. I suppose he attributes her death to bad luck! I attribute the same to carelessness and a *hungry gut*. Any intelligent farmer wouldn't leave a *sow* under similar conditions. It appears the same patient "went on to a complete and quick recovery" in spite of your attention three years previously, but the event of April 15, 1914, caught you too hungry to stick around.

The only thing you might possibly learn by criticism is to "feed up" before going to such cases or carry a full dinner pail. As to what a person might do to relieve such cases is too obvious and too well known by any man purporting to play the game of obstetrics to impose it upon the many and intelligent readers of THE MEDICAL WORLD at this time. E. A. HALL, M.D.

Henry, Ill.

Antipyrin in the Treatment of Sunstroke and Other Diseases.

EDITOR MEDICAL WORLD:—As the hot season is here, a little of my experiences in that form of insolation or sunstroke known as thermic fever will not be out of place, and, in fact, may be the means of saving life. I had two apparently hopeless cases of that disease which were quickly saved by the hypodermic injections of antipyrin. These cases were men about 40 years old, with a temperature of 110°. They were comatose, had stertorous breathing, and convulsions when I first saw them. One of them was a drunkard and had had delirium tremens several times. The other was a sober man. I tried the common use of ice, but the temperature would not go down. I concluded to try antipyrin hypodermically. I gave each one 15 grains, and in an hour the temperature had not improved, and I repeated the dose. In a short time the temperature went down, the convulsions ceast, consciousness returned, and very little other treatment was necessary. In a week both men were able to go about the house. Other physicians who witnest the result think it the most charming treatment they ever saw in any disease.

I thought perhaps I was the first one to use it, but in Strümpell's "Practise" I find it was used in a Boston hospital with satisfactory results. I would like the readers to bear this treatment in mind, and let us see what there is in it.

I would not use ice again, except to the head. I think it is a poor treatment in comparison to antipyrin.

In thermic fever there is hyperemia of the brain and spinal cord, which antipyrin relieves much more readily than does bromid of potassium or the application of cold. Perhaps other remedies of that class would be good, but they will not dissolve so that they may be given hypodermically. These cases cannot swallow, and hence our only hope is in the hypodermic syringe.

These cases were not deprest by antipyrin. The treatment was promptly successful, and the most charming result I ever witnest. We seldom see such cases here, but that season (seven years ago) there was more humidity than we generally see here.

The real worth of antipyrin has never been written for our journals and works of materia medica. Antipyrin is very good to lower arterial tension in hemorrhage of the brain, arteriosclerosis and chronic Bright's

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disease. I recently relieved a case of coma, with Cheyne-Stokes breathing, etc., in a case of chronic Bright's disease with arteriosclerosis by the use of antipyrin. It is also a useful remedy in diabetes mellitus, especially if the arterial tension is high.

Your many readers, I hope, will give their attention to this remedy in sunstroke (thermic fever) with high temperature and report results to your excellent journal. I really believe it is a very useful means of saving life where all other recommended treatments would fail.

Tulare, Cal. JOHN B. ROSSON, M.D.

Idiosyncrasy to Aspirin.

EDITOR MEDICAL WORLD:—The common use of aspirin seems to be occasionally attended with harmful and unpleasant symptoms. Dr. Reeve, in *American Medical Journal,* March 7, 1914, cites a case where the use of the drug was attended by very unpleasant results. In my own practise I have noted two cases in which there appeared a decided idiosyncrasy.

Case 1:—Mrs. L., aged 35, had a light attack of subacute rheumatism, for which was prescribed aspirin, 5 grains every four hours. Soon after the second dose she experienced faintness; difficult breathing, asthmatic in character; turgidity of the nasal and pharyngeal mucous membrane and slight nausea. Her temperature was normal and pulse 115. Stimulants restored her to normal condition in about four hours.

Case 2:—Mrs. P., aged 55, fair health, was suffering from pharyngitis and general muscular pains, for which aspirin in 5-grain doses every four hours was prescribed. An hour after taking the second dose she showed symptoms of poisoning, characterized by edema of the nasal mucous membrane and eyelids, gastric discomfort and nausea, shallow and increast respirations, and a pulse of 104. On administering stimulants the symptoms rapidly subsided and disappeared entirely in about five hours.

Aspirin is a valuable remedy and its administration is nearly always attended with good results, but the above cases show that there are patients who seem very susceptible to ill effects from the use of the drug. LOUIS J. PONS, M.D.

Milford, Conn.

Pituitary extract has been used satisfactorily in cases requiring heart tonics, raising of arterial tension, improvement of appetite, and increast diuresis. The extract is also useful in infections; it is a tonic to the muscles, an oxytocic, a laxativ, and a stimulant to the gall-bladder. It controls the symptoms observed after too activ thyroid medication and after parathyroidectomy. The extract might well be tried in cases of adenoid vegetation. It seems impossible to cause poisoning by ingestion of the extract.—*New York Med. Jour.*

Stricture of Intestin.

DEAR DOCTOR TAYLOR:—Your valuable journal is greatly appreciated by me, and the article, "Intestinal Stasis Due to Stricture," on page 239, June WORLD, attracted my attention because I had a somewhat similar case.

A married lady of 42 years consu'ted me about three years ago. She had been treated for indigestion, chronic constipation and had been advised to be operated upon for cancer of the stomach. Large doses of HCl had been her medicin for the previous seven months.

Before I had been with her ten minutes I had determined upon nephritis as one cause of illness, as she recognized my voice, but claimed she could not see me across the room. Her vision had been normal when I had met her some eight months prior to this date. A sample of urin was promist next day, but none was forthcoming on my next visit. There seemed no indication of a carcinoma, so I insisted upon a specimen of urin. I was promist I would get it the next day. Some other member of the family had used the chamber and so no urin was available.

The next, or third, day I received a sample and while making an examination another consultant arrived. I requested him to make his examination, after which he called me to one side and declared he could make nothing out of the case.

I showed him the mass of albumin in the testtube and suggested obstruction of the bowels, but considered the case fatal. The doctor thought hospital care would do her good and she was at once transferred from her country home to Fond du Lac, where she was placed in the hospital in a comatose condition. Did not pass another drop of urin, nor was any procurable by means of a catheter.

Death ensued three days later. An autopsy revealed very large hypertrophied kidneys, so Dr. Mears kindly informed me, as he had taken her to the hospital. No carcinoma anywhere; stomach normal.

The intestinal tract presented several sections of a foot or more with a lumen as small as a lead pencil. And he reports a similar case as to intestin in a male some months after the above happened.

Would the administration of strong HCl have a tendency to produce any such condition?

It was clearly not indicated in the fore-

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going case and I would like to hear your comment on the matter in THE WORLD.

Lomira, Wis. J. W. EHMER.

[It is not likely that the hydrochloric acid had anything to do with it. Such cases are quite common in the last couple of years; that is, the use of the x-ray following ingestion of a "bismuth meal" shows up these constrictions admirably. It is certain that such cases have always occurred, but, until the bismuth and x-ray were brought to our aid, there was no way of making a diagnosis. In similar manner, for unknown time, appendicitis was diagnosed as "inflammation of the bowels," typhlitis, perityphlitis, abdominal abscess, etc.

If you will address Dr. Russell H. Boggs, Empire Building, Pittsburgh, Pa., inclosing stamp, we think he can furnish you reprints of some of his articles which will give you a very clear insight into the modern methods of diagnosis of this trouble.

The next time you want a sample of urin from a patient, sterilize your catheter and get the sample.—ED.]

Sinkina.

We received the following letter, together with some circulars and testimonials about sinkina, which fully explains one physician's experience and present attitude toward that product. See MEDICAL WORLD, November, 1913, page 469.

Harvey W. Watkins, President Metropolitan Pharmacal Company, New York

DEAR HARVEY:—About two years ago you sent my father, Dr. F. M. Wilson, a full bottle of sinkina. I considered sinkina a wonderful medicin, because you said it was the product of some rare plant possessing great virtues.

The bottle of sinkina proved inert in a case of malaria. I lost the practise of a family. I have since read an exposure of sinkina in THE MEDICAL WORLD.

Harvey, I cannot afford to use sinkina now, for when I did use sinkina I put aside a line of treatment which has been successful for thirty years.

Bartow, Fla. C. H. WILSON.

Dr. R. L. Hammond, in *American Medicin* some time ago, says that the ordinary commercial formaldehyde of 40% strength will remove warts, corns, nevus, and cornu cutaneum, if applied by a wooden toothpick. It is used every three to six hours for two or three days, and only enough is applied to moisten the affected surface. If the lesion becomes sensitiv, applications are suspended, to be renewed on disappearance of tenderness. If an open sore be produced by excessiv action of the agent, oxid-of-zinc ointment is employed as a healing agent.

Science and the Social Evils.

EDITOR MEDICAL WORLD: — Legislation and preachers have tried from time immemorial to solve the intricate problems incident to social evils and their kindred troubles without making the slightest impression on the evils or their causes. We take from the legislativ halls and the churches all the responsibility and humbly lay it on the altar of science.

Science alone can solve the problems and remove the causes of the white-slave traffic, with its attending auxiliaries. The churches deal with it as purely a spiritual factor, while legislation proposes to subjugate its tendencies by legal enforcement. Both are wrong. It is neither a legal nor spiritual question. It partakes of the legal and spiritual in so far as they are scientific, and no further. The church would ostracize and the law would segregate and punish. The preachers' intolerance and the law's tolerance, by fines and imprisonment, make the situation hopeless.

The preacher would be more tolerant and charitable if he but recognized social evils as physical sins. They are physical sins with a physical penalty in proportion to the violation of natural laws. The violation of a natural law is not a spiritual sin. It is a physical sin and the anatomy must pay the penalty by physical suffering. Social evils are not confined to the prostitutes who are the tainted, the hunted, the friendless wards of the underworld, but the prostitution of the home and society. The greatest of these is the prostitution of the home and society. Chivalry and chastity are often strangers in our home life, while chivalry unblushingly thrives in society where chastity is not known. If the spiritual is held accountable for the sins of the physical, the world is lost. Physical sins are amenable to mental and physical correction. To ostracize and segregate is to foster and develop crime.

There is but one way to overcome wrong, and that is for wrong to be absorbed by right. Right cannot overcome wrong except by coming in contact with it. The good will absorb and eliminate the bad if given a fair chance.

Both church and state have fought vice thru all the centuries that have flown to oblivion, with but little progress. The social evil buds and blooms as vegetation well cultivated. To segregate means to prepare the soil for cultivation and growth of the evil germ. Segregation fosters crime and makes it possible to exist.

It is our belief that the social evil can be eliminated when we make up our minds to correct it. If left to me, I would move the good into the midst of the bad, trusting the good to overcome the bad. I would move the good forces into the entrenched forces of the evil. I would move the churches from the hilltops of ease and delight into the valleys of sin and sorrow. I would move the good people into the circle of the bad, expecting the good to change the environments of the bad. The greatest rebuke to evil is good. The greatest rebuke to wrongdoing is right doing. The greatest rebuke to sin is righteousness. The greatest rebuke to dishonor is honor. The greatest rebuke to unholiness is holiness. The greatest rebuke to a life of shame is virtue. A bad woman blushes with shame when confronted with a good woman and will not remain long in her presence.

When we pass judgment on a woman and con-

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demn her to segregation, from which there is no return, we assume a dignity that is not ours; a virtue we do not possess.

If I were religious as I would be,
I would look for the good only to see;
The bad in my neighbor would remain obscure
That the bad in me could not mature.
The good I would magnify and learn to love
That the good in me might triumph above.

When the world condemned, I'd listen and look
For the good that remained not written in books;
I would ponder and think what I should do,
If unfortunately placed in the guilty one's shoe;
Environments, passion or temper uncontrolled
Might weaken my forces and greater sins unfold.

The downtrodden soul I would not militate,
The invincible, unknown conditions might mitigate,
The right and the wrong I'd weigh in the scale,
Expecting the right to play the part of a whale
By swallowing up the wrong as delicious bait,
Undisturbed how the world regarded my trait.

The flowers of life I'd scatter along the way
While mixing and mingling with the throng each day.
The dead and its past could bury its own;
Flowers bloom to be gathered and strewn
For the living whose sorrows have filled the years,
For the purified soul smiling up thru tears.

All sick people look alike to the physician. Science has no moral or spiritual classifications. It treats the symptoms and endeavors to remove the cause. Ignorance is the chief cause of physical sins. Science, when analyzed to its last analysis, is "accurate knowledge." Knowledge of natural laws is a sure preventiv to physical sins. To ostracize and segregate physical sins and close the avenue of return is but to close the door of hope to all who have sinned, and those among us who have not sinned may "cast the first stone." The world is sick and needs a physician. To be intemperate in eating and drinking is physical sinning and has its physical and mental penalties. To prostitute the virtue or indulge in sexual excesses brings its physical penalties as sure as night follows day. Education is the only solution to these great problems. Teach it to the children early in life that they may learn it in the right way. Thoro knowledge alone will suffice. "A little knowledge is a dangerous thing." Sex hygiene taught in schools and eugenic marriages are steps in the right direction. Science will solve the problems when freed from legislativ fanaticism and religious intolerance.

Fort Worth, Texas. R. O. BRASWELL, M.D.

Senile Incontinence of Urin.

EDITOR MEDICAL WORLD:—In July WORLD, page 280, Dr. Waugh asks about saw palmetto being used in incontinence of urin in elderly men. I have never had any experience with saw palmetto in this condition, but if those having cases of this affection will put them on salol, hexamethylenamin and boric acid, 5 grains each, in capsule or powder, 3 or 4 times a day, with 1 drop of tincture of cantharides 4 times a day as a vesical tonic, they will be pleased with the result.

This condition is brought about by an atonic condition of the bladder, which fails to empty, and thus allows residual urin to collect and undergo ammoniacal decomposition and bacteria to multiply, both causing inflammation of the bladder.

Of course, it may be necessary to irrigate the bladder in long-standing cases. I learnt this treatment while interne in the hospital of the Arkansas Confederate Home, where we had at all times patients suffering with this condition.

I have frequently used the treatment in private practise with gratifying results.

Rye, Ark. J. R. WILSON, M.D.

Harrington's Solution.

EDITOR MEDICAL WORLD:—I note that in the July issue, page 292, Dr. C. Schumann, Delhi, N. Y., makes a request for Harrington's solution. The formula as I have it noted—I have never used the solution—is as follows:

℞ Mercuric chlorid..... 3.20 grams
Hydrochloric acid, C. P..... 240.00 grams
Distilled water.....1200.00 grams
Alcohol .....2560.00 grams

The preparation is used by the Mayo brothers for the disinfection of the skin after the preliminary cleansing with soap and brush. This is followed by a solution of bichlorid, 1/2000, after which a gauze sponge wetted with Harrington's solution is left on the hands (surface) for thirty seconds. The solution is then washt off with 70% alcohol. Harrington's solution is also used in this clinic for the immersion of the hands and arms. After the preliminary washing with alkalin soap the hands are immerst in the solution for thirty seconds, then rinsed in alcohol and bathed in a bichlorid solution, 1/5000.

Dorland's Dictionary gives "Harrington's solution as follows:

℞ Commercial alcohol (94%).....640 c. c.
Hydrochloric acid..... 60 c. c.
Water .....300 c. c.
Corrosiv sublimate..... 0.8 gm

CARL SMITH, M.D.
5918 Christian Street, Philadelphia.

[A number of other readers have sent us formulas for Harrington's solution.—ED.]

Enserol.—Antinarcotic Laws.—The "Chin" Doctors.

DEAR DR. TAYLOR:—Kindly tell the Doctor from Yale, Mich., that "enserol" is another faker. Let him have the inclosed circular. He can write and find out all he wishes to know.

In regard to these national antinarcotic and other bills before congress, I told some of our M.D.'s some days ago that if they would leave the "chin" doctors and others out for a while and attend to matters for their own good now pending before Congress, it would perhaps save their own skin in years to come. The more they arrest the "chin" doctors the more the "chins" get, and actually do the business. I know positivly that some of our best women and men pass doctors' offices and go to the "chin" doctors. Ask why. "Oh," they say, "you fellows are jealous of the 'chin' doctor; he can cure and you fellows only experiment."

I do not care, personally, what laws they make. I am old and out of the game. Yet I cannot agree with the N. D. A. S. J. VON HIRSCH.

Oakland, Cal.

EDITOR MEDICAL WORLD:—Please find herewith check for $3.00 for four years' subscription to your valued paper. Your journal is so free from medical tomfoolery and so chock full of useful and practical stuff that I would not be without it. L. W. SCHERMANN.
5438 Old Manchester Road, St. Louis, Mo.

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Starvation and Purgation in Diabetes.

EDITOR MEDICAL WORLD:—In the June MEDICAL WORLD Dr. J. L. Hill writes somewhat exhaustivly on "Diabetes: Its Cause and Cure," but it is to be regretted that he did not give in detail his specific treatment. This is a disease so baffling and held in the main to be incurable that any treatment that promises success is worthy of careful statement as to its application.

Purgation and starvation, or more correctly speaking, *fasting*, is not new, as the much-vaunted treatment of Dr. Guelpa, of Paris, who brought out a brochure on the subject which was largely exploited by the Hunyadi Janos people. This I prescribed to five diabetics with disappearance of sugar in three cases. Repeated trials in all of them, with careful restrictions in diet, failed to produce permanently good results, much to my disappointment as well as that of the patients. Let us have full, detailed statements from THE WORLD "family" when they write up successful cures. It is worth the time and paper, and will save the reader much annoyance in answering private inquiries for information.

Tacoma, Wash. F. W. SOUTHWORTH, M.D.

Benign Smallpox.

EDITOR MEDICAL WORLD:— Speaking of benign smallpox, would call your attention to the fact that we have no other manifestation of that disease here. The first case I ever saw strolled into my office one Sunday afternoon. It was in the pustular stage and an abundant eruption. The man was otherwise perfectly well, and comfortable, and wanted to know what ailed him. It begins as you describe, temperature rarely over 103° for a couple of days, with aching of back and bones; then the eruption, usually very slight, but causing no disturbance except itching, no matter how abundant.

I have been health officer for three years, and went thru an epidemic of smallpox in the winter of 1913. Our greatest trouble was to keep the patients in quarantine. They were perfectly able to work as soon as the initial fever was over. There was not a single case of secondary fever or a death.

Vaccination is not compulsory here, and the worst case of the disease I have seen is less to be dreaded than one of grip. There is rarely any pitting, and I have seen a few cases in which the eruption was so long delayed as to deceive the attending physician.

I wish to add that the eruption is characteristic, umbilicatis and differs from chickenpox in such a degree as to be diagnostic.

Lewiston, Idaho. SUSAN E. BRUCE, M.D.

Carbolized Epsom Salt Solution.

DEAR DR. TAYLOR:—In June WORLD, page 221, you mention application of hot-water compresses to eye. I wish next time you have occasion to use them you would try Dr. William H. Burgess' (now deceased) carbolized Epsom salt water, which is as follows: Heaping tablespoonful Epsom salt; water, 1 pint; and 20 to 30 drops carbolic acid.

I am getting to be about as sanguin as he was about its use. It will relieve more neuralgias and rheumatic pains than any liniment I ever used, and I have used many in past forty years.

Apply it hot to any part of body, then apply it on compressor bound with rubber cloth, changing as often as necessary and severity of pain—one-half hour to twelve hours. Try it in case of rheumatic fever, applying to every joint that is swollen or sore.

Dr. Burgess used to say, and wrote in his book, "if anyone would show him anything better he would use it." I am looking for something better, but faithful use of this will do better than anything I know of. WM. E. KEITH.

San José, Cal.

"Shake" Burow's Solution.

EDITOR MEDICAL WORLD:—In re Burow's solution (improperly spelt Burrow's solution heretofore in WORLD), as one of the many fanciers of this preparation, it is my opinion we get better results if we do not filter it, but shake it before dispensing and before using. Am aware I should not advance an opinion in the absence of a rational reason, but all who err do not necessarily "devise evil." So to my brothers, druggists and doctors, I say shake this and everything in your shops, except lime water and—possibly some of your friends. HU. B. MAHOOD, M.D.

North Emporia, Va.

It is said that tincture of agaricum alba in doses of 30 to 40 minims, in water, three times a day, will promptly check mammary secretions, in all cases, without the use of any local application, and without any evidence of constitutional disturbance.

The Old Man.

Be kind to your daddy, O gamboling youth; his feet are now sluggish and cold; intent on your pleasures, you don't see the truth, which is that your dad's growing old. Ah, once he could whip forty bushels of snakes, but now he is spavined and lame; his joints are all rusty and tortured with aches, and weary and worn is his frame. He toiled and he slaved like a government mule to see that his kids had a chance; he fed them and clothed them and sent them to school, rejoiced when he markt their advance. The landscape is moist with the billows of sweat he cheerfully shed as he toiled, to bring up his children and keep out of debt, and see that the home kettle boiled. He dressed in old duds that his Mary and Jake might bloom like the roses in June, and oft when you swallowed your porterhouse steak, your daddy was chewing a prune. And now that he's worn by his burden and care, just show you are worth all he did; look out for his comfort, and hand him his chair, and hang up his slicker and lid.—WALT MASON, in Philadelphia *Bulletin*.

The Elusiv Dollar.

The man who spends 25 cents per day has spent the interest on $1,500 at 6%. If he would place that 25 cents in a savings bank at 6%, at the end of the year he would have $92.70; and if he should keep it up for five years he would have $515.78.—DR. F. P. DAVIS, Enid, Okla.

EDITOR MEDICAL WORLD:—In reply to request of Dr. Lewis A. Twining, July WORLD, page 295, inquiry as to the publisher of a booklet entitled a "Letter From a Physician to His Son," the Doctor evidently refers to the paper read at the Portland, Ore., meeting of the A. M. A. by the late Dr. Valentine, of New York City, entitled "The Boy's Venereal Peril," and publisht by the *Journal of the A. M. A.* at 5 cents per copy. L. ADELSBERGER.

Waterloo, Ill.

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THE PRESCRIPTION PAGE.

Epididymitis.

℞ Ichthyolis.....f ʒ vj
Ung. hydrargyri.....ʒ iv
Ung. belladonnæ.....ʒ iv
Cerati plumbi subacetatis, ad....ʒ ij

M. Sig.:—Apply to scrotum freely twice or thrice daily, and support with large suspensory bandage.—*Medical Brief.*

Chronic Joint Affections.

℞ Tincture iodin.....6 drams
Spirit of turpentine.....6 drams
Oliv oil to make.....4 ounces

M. Sig.:—External use.—*Medical Sentinel.*

Bronchial Asthma.

Anders has found the following formula very useful:

℞ Tr. lobeliæ.....f ʒ j
Tr. nitroglycerini (1%).....*m* xvj
Sodii bromidi.....ʒ v
Vini ipecac.....f ʒ v
Ext. hyoscyami.....gr. vij
Elix. simplicis, ad.....f ʒ iv

Sig.:—Teaspoonful in water every hour or two.—*Merck's Archives.*

Bronchial Asthma.

The following solution has been used with success:

℞ Adrenalin (1:1000).....*m* cxxxv
Atropin sulfatis.....gr. 1/5
Cocainæ hydrochloridi.....gr. ¼
Aquæ dest.....*m* xv

Sig.:—Place in spraying apparatus and use when necessary.—BRAM, in *Merck's Archives.*

Lichen Planus.

R. L. Sutton recommends the following as a cooling, antipruritic ointment, which is at the same time more or less curativ:

℞ Phenolis.....*m* v-x
Mentholis.....gr. v-x
Ung. hydrargyri ammoniati
Ung. zinci ox.. āā,.....ʒ ij
Adipis lanæ anhydrosi.....ʒ iv
Liquoris calcis, q. s. ad sat.

M.—Fiat ung.

Sig.:—Apply freely twice or three times daily.

When the itching is very troublesome, the following application is of value:

℞ Mentholis.....ʒ iss
Thymolis.....ʒ ij
Chlorali hydrati.....ʒ j
Chloroformi
Ol. eucalypti, āā.....ʒ ij
Ol. gaultheriæ.....ʒ iv
Alcoholis.....ʒ viij

M. Sig.:—Shake, and apply twice or three times daily.

This preparation is powerfully rubefacient, but it is of value in many intensely pruritic conditions.—*Monthly Cyclopedia.*

Ringworm of the Body.

℞ Lac. sulphur.....ʒ iiss
Spts. saponis viridis
Tinct. lavandulæ, āā.....ʒ vj
Glycerini.....ʒ iv

M. Sig.:—To be applied locally; or:

℞ Iodi (pure).....ʒ j
Olei picis liq. (sp. gr. .853).....ʒ ss

M.—(These preparations should be mixed with care gradually.)

Sig.:—Apply locally; or:

℞ Creosoti.....*m* xx
Olei ricini.....ʒ iij
Sulfuris precip.....ʒ iij
Potassii bicarb.....ʒ j
Adipis.....ʒ j

M. Sig.:—To be used locally in obstinate cases of ringworm of the adult.—*Medical Sentinel.*

Gastralgia.

℞ Tr. opii camphoratæ..... 15
Tr. kolæ
Tr. vanillæ, āā..... 9.25
Mucilaginis acaciæ.....120

M. Sig.:—Tablespoonful three times a day.—*Med. Sentinel.*

"Indolent Ulcers" or Sores.

What is pharmaceutically or chemically incompatible is not always therapeutically inapplicable. This is proven from the following. This formula is especially excellent in "indolent ulcers" or sores:

℞ Argent. nitras.....gr. x-xxx
Bals. Peruvian.....ʒ ss
Adeps.....ʒ j

M. Sig.:—Apply on ulcer once a day.

Gellhorn recommends the application of acetone as a pallativ in inoperable cancer of uterus.—CHAS. W. BAKER, in *Medical Summary.*

Bronchitis in Asthmatics.

Babcock, in the *Journal of the Michigan State Medical Society,* emphasizes the efficiency of *apomorphin hydrochlorid* in doses of ¼ to ½ grain (0.015 to 0.03 Gm.), by mouth, in syrup of hydriodic acid as an expectorant in cases of asthma with chronic bronchial catarrh. Even larger doses of apomorphin can be tolerated by mouth without producing nausea. A combination which is often useful is the following:

℞ Tincturæ lobeliæ.....f ʒ v
Fluidextracti grindeliæ.....f ʒ j
Syrupi acidi hydriodici, q. s. ad.f ʒ iv

M. Sig.:—One teaspoonful in water three or four times a day.

Orchitis.

After the first week the following may be applied locally:

℞ Ungt. hydrargyri
Ungt. belladonnæ
Ichthyolis
Adipis lanæ, of each.....ʒ ij

M. Sig.:—Apply locally.—CHRISTIAN, in *Medical Fortnightly.*

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Chronic Indigestion.

EDITOR MEDICAL WORLD:—I would be pleased to have your advice in a case I have.

Colored girl, age 24, came to me on April 5, 1914, complaining of severe pains at pit of stomach, weak and anemic, and said had been treated by a physician in Louisiana for two years with no beneficial result. Could eat or *digest nothing*, and had no appetite, and could not sleep for pain over stomach. No trouble with generativ organs except scanty flow of menses on account of anemic condition.

She says her trouble dates back to a ptomaine poisoning from eating ice cream which had been *left* in white folks' kitchen.

My treatment consisted of all ordinary treatment for indigestion and malnutrition: liquor pepsin, taka-diastase, bismuth subnitrate and liver purges, as she was, of course, constipated, and then I followed with a few courses of calomel combined with phenolax and mustard poultices applied to stomach and worn for several hours three days each week. No vomiting and not sick at stomach, and so I excluded ulcers from my diagnosis, and too young for cancer (?).

On the above treatment she has improved in every way and, in fact, she says she feels well except for occasional periods of pain at pit of stomach, or more like a heavy aching feeling and at times some pain. Please give diagnosis and treatment.

I forgot to mention her appetite and digestion are fairly good now; and sleeps good, but is awakened sometimes at 5 a. m. by the pain in stomach. Says sometimes hurts when empty and sometimes hurts when or shortly after the ingestion of food.

Hazen, Ark. DR. W. A. LEE.

[She had painful digestion, and you seem to have accomplisht about all that could be expected. Make her out a diet list, excluding much sugar, fats, and starches. Insist on thoro mastication, and limitation of fluids taken with meals. Put her on a long course of Blaud's pill, in full dosage. Give her nitrate of silver, in distilled water, 1/8 to 1/4 grain, twenty minutes before meals, and we think you will have cause to be satisfied with the effect. Let it be taken from a silver spoon without addition of water. It will discolor the spoon, but that will soon wear off, in use. Do not keep this medication up too long; *i. e.*, remember the 50-grain limit of ingestion of silver nitrate.—ED.]

Undevelopt Generativ Organs.

EDITOR MEDICAL WORLD:—Patient has undevelopt womb, ovaries and mammary glands. Menses scant and often overtime a few days to two or three weeks. Have tried many things; none do good. Last used "ovamammoid" capsules. No good. The American Animal Therapy Co. recommends corpora lutea in 5-grain capsules. Do you think it will do her any good? She has some lung trouble; is too thin. T. J. S. KIMBROUGH.

Weatherford, Texas.

[Infantil uterus is very discouraging under treatment by other means than electricity. We would not condemn corpora lutea, since this line of therapy is growing very popular, but we have had no practical experience with it. It has had considerable use as a galactagogue, in the menopause, and in the artificial menopause following operativ procedure. The electricity can only be employed successfully by one who has had considerable experience in its use, and who is equipt with a good electrical armamentarium. We would not advise your attempting the treatment yourself. If you could arrange for her to spend some time at some sanatorium where this treatment could be applied, it would be the ideal plan. It is likely that if you can improve the development of the uterus, the menstrual conditions will rectify themselves.

The mamma may be developt by gymnastic exercises bringing into play the chest muscles, and by massage with cocoa butter for twenty minutes each day, followed by applications of cold water to the bust. Internally, some have claimed beneficial results from fluidextract galega (goat's rue), in doses of ½ to 1 dram. You can get the most thoro knowledge of the use of the internal secretions from "Practical Hormone Therapy," by Dr. Henry R. Harrower, New York. Price, $4.50.—ED.]

Smallpox and Chickenpox.—Pellagra.

EDITOR MEDICAL WORLD:—Will you or any of the brethren kindly give me your opinion in regard to the following:

1. We are having quite a number of cases of smallpox in this vicinity. Seem to be the genuin article, mostly of the distinct type. But 3 cases have been a little misleading. After these 3 patients had been exposed sufficiently long to "break out" they had seemingly all the preliminary symptoms—the initial chill, fever, aching, etc., and about the 3d or 4th day the eruption appeared and fever subsided. The eruption disappeared in about 8 or 10 days, and now 2 of these patients, after being considered well for about 3 weeks, have developt each a genuin case of smallpox. Now, what I want to know is: Did this first eruption have any connection with the smallpox?

2. I have long since thought of asking the opinion of the profession thru THE WORLD in regard to pellagra. It has been my opinion for some time that at least one of the causes of pellagra is the excessiv use of ergot to prevent conception or produce abortion by those who did not want to have the care of children. W. P. CUSTER.

Boydsville, Ark.

[Smallpox has a definit and decided period of incubation and of invasion, and it could not be possible that they had two infections with smallpox. It is quite likely that you have an epidemic of chickenpox and smallpox working concurrently, or nearly so. In cases where the two diseases are in evidence in the same locality at about the same

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time, errors in diagnosis are quite common, even at the hands of experienced diagnosticians of both diseases. The differential diagnosis is not always easy.

It may be possible, in some instances, that your hypothesis regarding the development of pellagra may be correct. It is hardly possible, however, that the hypothesis would work out in general. You see, doctor, males have pellagra. One theory of the development of pellagra, and one of the earliest theories advanced, is that is it due to ingestion of diseased or spoilt corn, the common "corn smut" being an example of one of the various corn diseases suspected.—ED.]

Pellagra.

EDITOR MEDICAL WORLD:—Would like to ask the readers of WORLD what is the trouble with patient's hands that break out like a sunburn on back of hand, peel off, and get red. I have some patients that are troubled that way, and most all are chronics and have stomach, kidney or heart trouble, and it is hard to heal. I know it is not regular sunburn, because it is too long getting well.

Are not these symptoms of pellagra? I would like to hear a report on pellagra by some one that has had some experience with it. I believe it a symptom of some diseased vital organ, and not a disease itself. J. M. HAUK.

Medicine Mound, Texas.

[We have had comparativly little to say on the matter of pellagra, because there has been no rational treatment formulated, as yet. Indeed, it is quite possible no palliativ or curativ treatment will be developt until after we have more information as to the pathology. We regret that the southern members of the family are so backward with comments and reports on their cases, for if a few hundred of them would take this up in earnest and study deeply, experiment cautiously, and report to us so that all can have opportunity of the labors of all, and can compare notes with others, we are convinced much good will result.

Meanwhile, you could not do better than to procure the book, "Pellagra," by Dr. George M. Niles, of Atlanta, Ga., publisht by W. B. Saunders Co., Philadelphia, Pa., price $3. It has 239 pages, and gives all known facts regarding symptomatology, diagnosis, treatment so far as developt, etc. We suggest that you watch the cases you mention closely for any manifestation of the disease. The lesions you mention are nothing more than suspicious, but are well worth continued observation. Benzoinated oxid of zinc ointment, covered with waxt paper and bandage, renewed once each day, would probably be palliativ and perhaps cause the lesions to disappear.—ED.]

New Fumigating Combination.

EDITOR MEDICAL WORLD:—Am writing this inquiry for information regarding a fumigating mixture that is being used quite extensivly here. It is for a room of 14 x 14 x 9. They use 6 oz. cyanid of potassium, 8% H_2SO_4 and 2 quarts of water. This mixture makes an awful smoke and kills flies and bedbugs. Will it kill the infectious germs also and be useful for *fumigating after contagious diseases?* W. L. SNAIR, M.D.

Louisville, Col.

[We are not familiar with the mixture you mention. We fail to see the object in the use of such strong and dangerous agents as sulfuric acid and potassium cyanid. Perfect disinfection is secured by much safer agents. We have no doubt but that the fumes arising from such a combination would be fatal to any form of germ, animal, or insect life, but we would not be inclined to employ it. Can any of the family give any information on this?

Potassium permanganate and formaldehyde are the approved agents, and are not dangerous.—ED.]

Unconsciousness in Fevers.

EDITOR MEDICAL WORLD:—Might I ask you to publish an article on unconsciousness as a result of fevers and what measures you consider advisable, believing it to be just as valuable as the interesting articles on "Initial Chill" now running thru your journal? SAMUEL N. DA COSTA, M.D.

Forest Park, Ill.

[We fear we could not make as much out of the coma of hyperpyrexia as we did out of the article on initial chill. You see, we do not thoroly understand the initial chill, and we think we do understand the hyperpyrexia. There is no difference of opinion as to treatment of unconsciousness due to fever, for we all know it is necessary to reduce the fever if we expect to have improvement. Ice and cold water are favorit methods at the hands of practically all physicians, tho the choice of individuals as regards antipyretic drugs varies.—ED.]

Action of Aspirin.

EDITOR MEDICAL WORLD:—There is such a demand in my town for aspirin by the laity for all kinds of aches and pains, I would like to hear from you thru your valuable journal as to just how aspirin acts in relieving pain and reducing fever. I think this vital to every physician. The laity has found out that it will relieve pain and reduce fever and if we can not tell them how it does so they are just as wise as we are. Is not the indiscriminate use of such drugs deleterious to good health and really dangerous to the individual?

Columbia, Tenn. W. E. MARTIN.

[Aspirin is capable of producing alarming symptoms in doses as small as a single 5-grain tablet. Within an hour or two of ingestion the face, lip, and tongue become edematous; conjunctiva are congested and injected; the mucous membrane of the mouth may swell enuf to cause eversion of the lips; the fauces are swollen. The swelling subsides in the course of a few hours or days, and is probably the result of some vasomotor disturbance. When this effect of aspirin ingestion appears, it is very alarming to the patient and to his medical attendant, tho no fatal cases have been reported, so far as we have been able to learn.

We regret that we are not able to give you any definit information as to the method by which aspirin acts, further than to state that its effect indicates a depressant action on the heat centers and nerve tissues.—ED.]

What is the Rectifier?

EDITOR MEDICAL WORLD:—Can you or any one of the family give me the composition of the salts used in a so-called rectifier? This is part of a medical apparatus, which so rectifies the alternating current as to allow its use for general medical purposes, such as galvanism, faradism, etc. The rectifier consists of four cells, which are of lead and have as the center element an aluminum rod in each cell. The liquid in these cells must be re-

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newed now and then, according to the amount of use made of the apparatus.

Hoping that you or some one of the family can enlighten me. DR. C. LUDWIG AMBOS.

1583 Washington Ave., New York.

[Can any member of the family interested in electrotherapeutics supply the information for which the doctor asks? The editor does not know anything about the construction or maintenance of the apparatus.—ED.]

"Sore" Throat, Tongue, Stomach and Bowels.

EDITOR MEDICAL WORLD:—Altho I have kept up with the procession in most readings, I have been able to practise very little for five years. I enclose a letter from an old acquaintance in Pennsylvania:

DR. COOK:—In regard to my condition, there is no improvement yet in any way; in fact, I think the throat and tongue are a little worse the last two or three weeks. The point of the tongue, wherever it comes in contact with the teeth is so very sore and inflamed that it hurts me to talk. It is so very rough and crackt open that I spit blood most of the time. It hurts me most at night. The tongue does not have yellow sores or ulcers, but just red and rough and crackt. The base of the tongue seems very raw when I cough, and I spit blood. Also at the base is very much inflamed. The stomach and bowels still very sore.

I have been taking good care of myself and taking your medicin as directed. I am still taking the white tablets after meals and capsules before meals and I am taking the pink tablets after meals and at bedtime. Do you still want me to continue with the capsules and white tablets along with the pink tablets? Also do you want me to use lysol and salt injections every night?

Expect to take a vacation this month. Do you think it necessary to go to Mt. Clemens and take baths or would my condition get well by just resting around a quiet place for awhile and continuing taking your medicin? I want to do just the right thing to get well. You see I have had this sore tongue and throat about two years and sore stomach and bowels about five or six years, and it is getting on my nerves. I am very anxious to get some relief. I have been getting worse every month. I am 75% worse than I was this time last year.

Before taking your medicin I had tried all the best doctors here. They analyzed my blood and also pumpt my stomach and tested the spittle. Some of them said it was all from my stomach, some said my liver was out of order. I felt they were wrong and I wanted to give the case to some one that had experience with a case of this kind.

I am holding weight well, about six pounds off, eat well and could sleep if it were not for my tongue; but this keeps me awake about half the night. Do you think using too much mouthwash would do harm?

I want to tell you about my catarrh. I have had a very bad case of catarrh all my life on account of my unnatural throat (harelip operated on as a child), a large amount of mucus goes into the stomach. Do you think the catarrh responsible in any way for my throat and tongue troubles? The reason I speak of this, I want you to know as much as possible about my condition. Never had any sickness in my life except this trouble. I know that I have had poison in the blood for a number of years as every muscle in arm, legs and feet ache. Bad circulation, very nervous and irritable, but always thought that I had so much catarrh, and I thought that was my trouble. I hope we are on the right track and I will do all I can to help your treatment.

What I particularly want to ask is, would one of the phylacogens be indicated in this case? And which one?

Lately I gave chinosol for mouthwash and he had to dilute to 1/4,000; still it smarted. For treatment have gone on the hypothesis that it was autotoxemic. Sulfocarbolates, salol, buttermilk, hyoscyamus, colocynth (very minute doses), muriate of hydrastin, dioscorin, extract of hydrangea, subcarbonate of bismuth, blue flag, podophyllin, dried beef, bile, strychnin, arsenic, etc.

Of course, these have not all been given at the same time. First gave 12 grains nitrate of silver in 1 pint water; but he had to dilute one-half and then it smarted. Have just prescribed mangifera with echinacea.

Mr. D. is strictly temperate. Has congenital harelip; operated on when an infant. Has workt twenty years, or since a boy, in a wholesale grocery, assembling goods for shipment.

Here I believe is the trouble. Belonged to the band and almost every night played or practiced on a horn. Would get home late; when his wife would have another supper. His wife is an excellent cook and D. did enjoy eating.

I had not doctored him, but his relativs, until he wrote me here. However, not knowing any of his complaints, his sister brought some of his urin early in 1912, and I found it heavily loaded with indican. Acidity, 75. A. M. COOK.

917 Orazaba Ave., Long Beach, Cal.

[We think it would be well to send this man to Mt. Clemens for a thoro course of the baths. Certainly you have given him the very best of treatment, and we have no criticism to make. We might suggest (assuming that it is possible that the catarrhal condition has something to do with the symptom) the use of a reliable atomizer containing liquid vaselin impregnated with menthol, about 3 to 5 grains to the ounce. Potassium iodid might do much good. Tincture colchicum seed would have a beneficial influence upon the rheumatic diathesis. He needs local treatment for his tongue, either silver nitrate, argyrol or scarlet red ointment. Internal use of scarlet red would be beneficial also for his stomach and intestins. A thoro course of saline purgation is advisable.—ED.]

MEDICAL FRAUDS.

Warning Against Worthless Antifat "Cures."

Numerous inquiries received recently by the U. S. Department of Agriculture indicate that promoters of so-called obesity remedies and fat-reducing cures are using an old trick drest in new clothes to deceive fat people into spending money for worthless or dangerous preparations. The advertisements appeal to the vanity of people who wish to regain graceful figures and also to the business necessities of those who become so fat that they can no longer do their work efficiently.

In order to be able to give a definit reply to many people inquiring about specific remedies, the drug specialists of the Bureau of Chemistry recently conducted a series of tests with a number of nostrums of this character on employees in the Department who wisht to lose surplus flesh without injuring their health. One of the most widely advertised so-called prescriptions for reducing flesh was tried for a period of six months. The result was that two of the subjects under experimentation were obliged to stop after taking the medicin for two or three weeks because of its *injurious effect*. The third subject *gained 2½ pounds* instead of losing flesh. Another of the so-called remedies of a "Great Obesity Specialist" was tried. The subject scrupulously followed the diet list which accompanied this remedy and faithfully carried out the system of exercises recommended. After six months' treatment there was

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a reduction of 18 pounds of flesh, but this the experimenters attribute to the fact that the subject ate no bread, butter, starchy food, pastry, sugar or candy while under observation. The first month after discontinuing the treatment the subject gained 10 pounds, and in three months was back to the original weight recorded at the beginning of the treatment.

The circulars, letters and other announcements of these so-called obesity remedies, which are publisht broadcast, in many cases asserted that a two-cent stamp is the only charge. Those sending the two cents to the supposed philanthropist, who wishes to help other sufferers to get rid of surplus flesh, commonly received a statement that the physician or "professor" discovered this remedy in the wilds of some foreign country or received it from some famous Indian medicin man on his deathbed. Then after due praise of the effectivness of the remedy the "professor" states that he is willing to supply this wonderful treatment for a fee of from $15 to $25 a month. If the prospectiv patient does not answer immediately he is besieged with a line of follow-up letters, and finally as a great individual favor he is told that he can obtain this marvelous guaranteed flesh reducer for the sum of $2.50. In return for the reduced price, however, the patient must agree to tell all his fat friends about this wonderful means of shedding avoirdupois.

Judging from the letters received by the Department of Agriculture appealing to it to stop this practise under the Food and Drugs Act, women are usually the victims of these "professors." Much of the literature contains alleged statements of some individual woman's thrilling experience in fat-forming and fat-reducing, and this makes the situation seem real and personal to the other women. Cases are on record where women have parted with almost their last dollar in the hope of improving their figures, and have awaited results with anticipation that makes their later disappointment almost pathetic. The strong feature of most of the literature is that no dieting is necessary; the medicin is to do it all and the patient is told that he can eat all he wants and as often as he wishes, which is a strong inducement to most stout people.

These preparations usually contain thyroids and a laxativ. The thyroids may prove very hurtful unless given under the advice of a physician personally familiar with the subject's physical condition. The Department has on record an instance where death has followed overdoses of preparations containing thyroids. Other preparations contain poke root (phytolacca), a poisonous drug, and others, analysis shows, contain nothing that could possibly have the slightest effect in reducing flesh.

The promoters of one preparation assert that it secures most marvelous results by a process of elimination of foods without digestion. These people guarantee the reduction of a pound a day. A preparation of this character, if it did what its makers claim for it, would probably eliminate any need of digestion in the future. Another product, examination shows, consists principally of ordinary soap. The idea is to apply this locally with friction and thus remove the fat wherever it may be in excess. A still more clever scheme provides chemicals to be added to the water in which the patient is to bathe. These chemicals are of such a nature that they form a sort of curd in the water after the patient has bathed. This curd, the advertisement states, is fat and surplus tissue removed from the body. Other schemes supply a tablet at 75 cents a dozen, for which a claim is made that it will reduce fat at the rate of a pound a day.

No other class of preparations exploited to humbug the people has a wider sale, and in nearly every instance they are absolutely worthless. In many cases where patients seem to lose weight this result is attributed to the hot baths and the diet and exercises recommended as an accompaniment in taking the medicin.

The only ways that the Department's specialists know of safely reducing flesh are rigid dieting and strenuous exercise, and those to be effectiv must be continued over a long period of time. The fat-reducing patient must eliminate from his diet fats, starchy foods and sugar. In many cases it is not wise because of other physical conditions for fat people to attempt any rapid reduction in weight. As a general rule, diet and exercise are best directed by a skilled physician. Loss of flesh is by no means a blessing if accompanied by loss of health, energy or strength.

It is practically impossible to prevent the sale of these preparations in interstate commerce under the Food and Drugs Act for the reason that the claims upon the packages are purposely so guarded as to evade action. As a rule, the claims, guarantees, etc., appear in advertisements, circular letters, etc., and these the makers are very careful to keep separate from the package.

The Postoffice Department, however, has been instrumental in silencing some of these promoters by issuing fraud orders against them and denying them the use of the mails. The Department of Agriculture can only warn the people to beware of all such preparations containing such claims, for in the knowledge of all drug specialists at the present time there is no preparation that can be depended upon to reduce flesh in any markt degree without doing injuries.

Texas Guinan's Obesity Cure.

EDITOR MEDICAL WORLD:—I am sending you by express a sample of the Texas Guinan obesity treatment and would be pleased to learn its composition if you are able to make it out. It is intended for local application only, and like all other obesity cures, is claimed to be harmless. The advertising is sent out by Texas Guinan, Lanco Bldg., Los Angeles, Cal., who claims to have reduced her own weight 70 pounds without the slightest injury or inconvenience.

If you have had samples or analysis by some other laboratory before, you may refer me to the report, which will be sufficient.

S. E. MCADOO, M.D.

193 W. Exchange St., Akron, Ohio.

[Texas Guinan's "obesity cure" was described in February, 1914, MEDICAL WORLD.—ED.]

Adlerika.

EDITOR MEDICAL WORLD:—What do you know of adlerika, extensivly advertised here as a cure for appendicitis? It is put up by Adlerika Company, St. Paul, Minn. W. H. HOLDEN, M.D.

Coeur d'Alene, Idaho.

[Adlerika is described in July, 1912, WORLD, page 307. It consists of Epsom salt, aloes, salicylic acid and alcohol.—ED.]

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Wine of Cardui.

The Journal of the American Medical Association for July 18th has another lengthy article on the subject of this nostrum that explains the situation thoroly. Many of our readers in the South will be glad to get a copy of the issue above mentioned, which goes into the matter exhaustivly.

Ban Placed on Interstate Shipment of Nostrums.

Radam Microbe Killer

The U. S. Department of Agriculture has recently issued a large number of "Notices of Judgment" involving shipments of drug products adulterated or misbranded in violation of the Food and Drugs Act.

A shipment by the Wm. Radam Microbe Killer Co., New York., N. Y., from the state of New York into the state of Minnesota, consisting of 539 boxes and 322 cartons of "Radam's Microbe Killer," was alleged to be misbranded for the reason that statements appearing on the labels of the packages regarding the curativ and therapeutic effect of the product were false and fraudulent. This case was one of the first brought by the Government under the Sherley Amendment to the Food and Drugs Act, passed August 23, 1912. The purpose of this amendment is the more effectual prevention of interstate traffic in that class of preparations or patent medicins purporting to be "cure-alls." A circular accompanying the shipment represented the medicin as being a remedy for practically every ailment to which the human system is subject.

In this case after a jury had found for the Government, the court ordered the goods destroyed by the U. S. Marshal.

Misbranding of Fernet Milano.

A product called "Fernet Milano" shipt into Michigan by Pasquale Gargiulo, doing business under the name and style of P. Gargiulo & Co., New York, N. Y., was alleged to be misbranded. The product, offered for sale under the name of another well-known article, Fernet Milano, was merely an imitation and the label failed to bear a statement of the quantity or proportions of alcohol contained in the article, which was shown to be 33.7% by volume. The article, furthermore, was so labeled as to create the impression that it was of foreign manufacture, when as a matter of fact it was made in the United States. The defendant pleaded guilty and the court imposed a fine of $40.

The William A. Webster Co., Memphis, Tenn., was charged with the interstate shipment of quantities of adulterated and misbranded wine of cocaleaves, acetanilid and sodium bromid compound tablets, "Anti-vomit Tablets," aspirin tablets, cold tablets, quinin tablets, salol tablets, and sodium salicylate tablets; and misbranded bismuth and calomel compound tablets. The company pleaded guilty and the court imposed a fine of $10, with costs of $12.95.

Two other cases against the same company alleged the shipment of a quantity of neuralgic pills and diarrhea calomel pills, which were adulterated and misbranded in both instances. The labels stated that the pills in each shipment contained respectivly 1/20 and 1/16 grain of morphin sulfate, each, when, as a matter of fact, the morphin content was much less than represented. In each case the court imposed a fine on the defendant company of $10, with costs of $12.95.

Other cases were as follows:

Product—Oil Rosemary Flowers and Oil of Red Thyme. Shipper—James B. Horner, New York, N. Y. Charge—Adulteration. Fine—$125 .

Product—Soluble Hypodermic Tablets. Shipper—Wm. A. Webster Co., Memphis, Tenn. Charge—Adulteration and Misbranding. Fine—$10 and costs.

Product—Acetanilid Compound Tablets. Shipper—Burrough Bros. Mfg. Co., Baltimore, Md. Charge—Adulteration and Misbranding. Fine—$20.

Product — Nurito. Shipper — Magistral Chemical Co., New York, N. Y. Charge—Misbranding. Sentence suspended.

Lucile Kimball Obesity Cure.

Lucile Kimball, of Chicago, comes to the obese with the message "I can make your fat vanish by the gallon." All that is needed, she says, is to take her treatment—no dieting, exercise or drugs are needed. The treatment consists of pink pills, which are reported to contain red pepper, menthol and bitters, probably gentian or quassia; brown tablets which the chemists declared to be an old-fashioned cathartic pill and a powder, reported to consist of soap, Epsom Salt and washing soda.—*Jour. A. M. A.*

Every Woman's Flesh Reducer.

This obesity treatment is sold by the Every Woman Company, Chicago, Ill., and is a white powder smelling strongly of camphor and is of the bath-powder type. Examination in the A. M. A. Chemical Laboratory indicated the powder to be a mixture of alum, Epsom Salt with an effervescing base of citric acid and sodium bicarbonate or possibly sodium carbonate with a small amount of camphor.—*Jour. A. M. A.*

"Get Slim."

Jean Downs, New York, offers to reduce the obese with "a purely vegetable, pleasant, healthy drink." A box of "Get Slim" was examined in the A. M. A. Chemical Laboratory. It contained fifteen large envelopes, the same number of smaller envelopes and a package of powder. The large envelopes appeared to contain only sugar tinted pink. The contents of the smaller envelopes appeared to be tartaric acid, also tinted pink. The white powder was concluded to be sodium bicarbonate only. The sugar and tartaric acid powders are to be made into lemonade with the addition of lemon. The bicarbonate of soda is dissolved and the solution taken before meals.—*Jour. A. M. A.*

Louisenbad Reduction Salt.

This is a white powder sold by Karl Landshut, Chicago, and is to be used dissolved in a bath. The A. M. A. Chemical Laboratory reported the powder to be composed of sodium sulfate, sodium chlorid and potassium chlorid. It is hardly necessary to say that taking a bath in a tubful of water in which a tablespoonful of the mixture has been dissolved would have no other effect than that obtained from bathing in the same amount of water without the mixture.—*Jour. A. M. A.*

Waterbury's Compound.

Most of our readers will remember what the *Journal* has publisht about a product that used to be sold as "Waterbury's Metabolized Cod-Liver Oil Compound." Briefly, it was shown by a report of the Council on Pharmacy and Chemistry and a contribution from the Association's laboratory, that this "Cod-Liver Oil Compound" contained practically no cod-liver oil! Later the federal government declared the stuff misbranded.—*Jour. Amer. Med. Assoc.*

Lower's Germen Prescription for Consumption.

The Association's chemists analyzed the preparation and reported: Qualitativ tests of Lower's Germen Prescription indicated the presence of sugar, menthol, capsicum and traces of alkaloids, probably hydrastin and berberin. Quantitativ determinations indicated the presence of 29.3% of alcohol by volume, 1.83 gm. of menthol and about 0.01 gm. of alkaloidal substance in each 100 c.c. Since the alcoholic content is but 2.93% appreciable quantities of the balsam of tolu cannot be present. Since the recognition of small amounts of horehound, squills and wild cherry in complex mixtures is very difficult no attempt was made to determin the presence of these substances other than by odor and taste. According to Herder (*Arch. Pharm.*, 1906, ccxliv, 120) and to Astolfoni (*Bull. Chim. Farm.*, 1904, xliii, 117) the alkaloids of hydras-

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tis are found only in the rhisome and roots of the plant. According to this the preparation should not contain any alkaloids from hydrastis since the herb of this plant only is claimed to be present. The traces of alkaloid found appear to be a mixture of hydrastin and berberin, thus indicating that the rhizome and roots of hydrastin, rather than the herb, had probably been employed. Whether or not such drugs as horehound, balsam of tolu and wild cherry are present matters little since they are of so little therapeutic value. It is evident that whatever therapeutic value the preparation may possess is due largely to the menthol.—*Jour. Amer. Med. Assoc.*

Orrin Robertson and His Seven Sacred Oils.

Robertson is a quack at present located at Arkansas City, Kan., who claims to remove gallstones by means of "Seven Sacred Oils which grow in seven different climes." For the oil he claims "One oil acts specifically upon the entire head and throat. One oil acts directly upon the esophagus. One oil acts directly upon the stomach." And so it goes, each oil acting a little lower down, until we reach the seventh oil which "acts directly" on the rectum. Robertson also exploits a cure for cancer.—*Jour. A. M. A.*

Tonsiline.

We read in the newspapers that Tonsiline is:

"A quick, safe, soothing, healing antiseptic cure for sore throat. Tonsiline cures sore mouth and hoarseness. Tonsiline prevents diphtheria. Tonsiline is the one and only sore-throat cure which is sold over a large part of the United States."

Tonsiline is sold by the Tonsiline Company, Canton, Ohio. To determine the nature of this "one and only sore-throat cure which is sold over a large part of the United States," it was analyzed in the Association's laboratory. Here is what the chemist found:

Chemist's Report.

"Three original bottles of Tonsiline were purchast and the contents subjected to examination. The bottles contained a yellow liquid, with an odor resembling that of Tincture of Iron Chlorid, U. S. P., and having an astringent taste. The specific gravity was 1.0418 at 15.6° C. If the solution was cooled below 12° C. crystals of potassium chlorate were formed. Qualitativly the presence of the following was demonstrated: Iron (ferric), potassium, chlorate, chlorid and alcohol. The quantitativ determinations gave the following:

Alcohol (by volume)	6.3%
Iron	0.37%
Potassium	1.31%

"From the iron and potassium contents it would be calculated that Tonsiline contains 1.60% ferric chlorid (FeCl3) and 3.89% potassium chlorate (KClO3). The amount of ferric chlorid administered in 2 teaspoonfuls, or 8 c.c., which is the dosage, is essentially the same as that administered in ½ c.c. of tincture of ferric chlorid U. S. P., and which is the official dose. In other words, Tonsiline is 1/16 as strong as tincture ferric chlorid."

From the chemist's report it is evident that a product having essentially the same composition as Tonsiline would be:

Tincture of chlorid of iron (ferric chlorid), U. S. P.	1 ounce
Alcohol	1 ounce
Potassium chlorate	280 grains
Water, sufficient to make	1 pint

—*Jour. Amer. Med. Assoc.*

Pam-ala, Another Worthless Quinin Substitute.

According to advertisements Pam-ala, sold by the Pam-ala Company, New York, is "A new and efficient remedy for malaria." Its general characters, particularly its cumin-like smell, and also the advertising claims are very similar to Sinkina, a preparation which was shown to be worthless. Most of the testimonials sent out are rather old and are stated to come from physicians in Italy, Cuba, Porto Rico, Guatemala, etc. Two recent testimonials from physicians in the United States were investigated by the Council on Pharmacy and Chemistry and in each case it was found that the opinions had been based on insufficient trials and that the physicians on further use of Pam-ala had become convinced of its inefficiency. While the evidence indicated that the essential constituent of Pam-ala is oil of cumin, proven worthless in the investigation of Sinkina, a chemical analysis was not made by the Council because it was thought that the secrecy with which the identity of Pam-ala was surrounded and the extravagant and highly improbable claims were sufficient to condemn it.—*Jour. A. M. A.*

AUTOMOBILE TALK.

Removing Carbon from Cylinders.

DR. J. C. ROMMEL:—I am interested in your suggestion of cleaning auto cylinders and piston heads with peroxid of hydrogen. Have you ever used it? How long a time is required to clean four cylinders? How fast can it be applied? Where do you apply it? Will it do the business thoroly? And how do you know it does so? F. L. SMITH, M.D.

Stafford Springs, Conn.

The statement has been going the rounds of auto journals and been reprinted in several medical journals that hydrogen peroxid will remove carbon. I inquired of a machinist and he told me that "they are all doing it that way now," and said that to avoid getting water into the carburetor you should speed up your motor and run the peroxid in slowly. The peroxid is applied at the place where the air is drawn into the carburetor. At the time of writing the note above referred to by Dr. Smith I had not tried it. Since then, however, I found my car losing speed in climbing ordinary grades that should have caused no difficulty, and I ascribed the trouble to the presence of carbon in the cylinders. I had had the carbon removed and the valves ground ten or twelve weeks before, and it was a justifiable presumption that some carbon had accumulated in the intervening time.

So I then proceeded to test out the oxygen method of removing carbon. I started the motor and with a glass tube pointed like a medicin dropper I ran in slowly, a drop or two at a time, the hydrogen peroxid. My carburetor has a tube twelve inches long, thru which the air is drawn, utilizing the heat from the exhaust to warm the air. This tube naturally gets hot. It soon was hot enuf to vaporize the water rapidly, freeing the oxygen, which latter is the activ agent in removing the carbon. I used altogether 5 ounces of peroxid solution. Lack of time prevented me from continuing the operation. Nevertheless, the car has been running splendidly ever since and I am sure the oxygen removed sufficient carbon to allow freedom of motion for the pistons.

This, of course, is an empiric fashion of testing the utility of the method. The scientific way would have been to take off the heads of the cylinders, determin definitly the presence of carbon, replace the head, use the peroxid and then again remove the head and note whether there was a decrease of the quantity of carbon. I presumed that the machinists had done this before printing the statement in the auto journals and have relied on the machinist's personal statement to me and now have the additional experience referred to above.

I spent about thirty or forty minutes in applying the peroxid. I do not know how long it would take to clean four cylinders thoroly. I intend to repeat this process once every month. Do not inject the peroxid too rapidly lest you get water in your carburetor.

Motor Age is credited with the statement that water alone will remove carbon, ½ teacupful being taken in thru the air intake as mentioned above for the peroxid. It is also said that the cylinders must be hot at the time of using to get the result desired. Ordinary water contains about 3% of free oxygen, according to Prof. J. C. Attix, and there-

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fore the probability is that the free oxygen in the water, and not the water itself, is the agent that removes the carbon. The *Motor Age* also states that kerosene should be run thru the carburetor afterward.

This latter sentence recalls the statement that a motor truck containing a tank for kerosene has a small quantity of kerosene daily run into the cylinders, and we were told that the valves have not needed grinding in two years, whereas another truck without a kerosene tank, and belonging to the same owner, has had its valves ground a number of times in that same period.

We have used kerosene to dissolve thickened, gummy oil that was holding piston rings, permitting the cylinder oil to be pumpt into the cylinder, fouling the spark plug and interfering with combustion. A half teacupful of kerosene freed the ring and the oil ceast coming into the explosion chamber and fouling the plug.

Still another way of removing carbon that I have just recently learnt of is to put a teaspoonful of denatured alcohol in each cylinder after the car has been running and the cylinders are hot. Be sure the cylinders are quite hot. Let the alcohol remain an hour or longer, even over night. Upon starting up the car, the loosened carbon is blown out thru the exhaust.

To Mend a Leaking Radiator.

EDITOR MEDICAL WORLD:—I have discovered a sure cure for leaky radiators and I want to give to the doctors who own motor cars this very useful remedy, and know of no better way than thru the columns of your medical journal. It frequently happens that a radiator will leak where you cannot get with a soldering iron, and gives no end of trouble. Here is the remedy:

Fill the radiator almost full of lukewarm water, and into this pour about twelve ounces of sweet milk; let stand about fifteen minutes, then crank car and let engine run a sufficient time to circulate the water. After which stop the motor for fifteen or twenty minutes. Remember that you don't have to drain this solution off. Pour in more water when necessary, keep going and you will be surprised how nicely this will control the leak. If the leak is not entirely checkt in forty-eight hours, repeat the treatment. It is never necessary to use this more than three times. A. G. DAVIS, M.D.

Logan, Kan.

Cars and Tires.

EDITOR MEDICAL WORLD:—Solid tires are not practicable on country roads, for with speeds much over twenty miles per hour the car will jump and skid, it will not hold the road; shock absorbers would help but little, for so much vibration is set up that steel crystallizes, and breaks will come oftener than they will with pneumatic tires. I know, for I still have my first car, which has solid tires. Have driven a Model 27 Buick three seasons a distance of 21,000 miles with great satisfaction. I now also have a Ford runabout which has run 1,700 miles. This car I fitted with shock absorbers and wire wheels, which improve the riding qualities very materially. Pneumatic tires now rarely give trouble, especially if a little care is taken to see that the tires carry the proper amount of air and that cuts are vulcanized. The Ford is the cheapest car for the physician, it will go as fast as you ever need and will run in mud that stops heavier cars. It does not ride as easy as heavier cars and some cannot ride in them on account of the jarring. Any physician about to purchase his first car should buy from old and well-establisht makers and buy a car that has a reputation behind it. Had Dr. Parker done this he might have avoided a very large part of his $2,100 repair expense. EMIL KING.

Fulda, Minn.

The practicability of solid and pneumatic tires is a matter of mechanics. What is possible with one make of car may not be possible with another, as you prove by your statement that you are running a car with solid tires. We are of the opinion that cars can be made to ride safely and well on solid rubber tires. As a matter of fact, the cartercar was advertised equipt with solid rubber tires. The wheels were made with elliptic springs instead of spokes, which gave the necessary resiliency. This may be the solution of the problem of solid rubber tires.

EDITOR MEDICAL WORLD:—I read your "Automobile Talk" with interest. I have owned and driven seven cars. It is not necessary to mention the names, as possibly a great deal of my trouble was due to my own ignorance of the mechanism of the cars. However, my last two cars have been Chalmers, and I wish to state that I think they are the best constructed cars I have driven. Personally, I would rather have a second-hand Chalmers of model 1904 B. C. than any of the new cheap roadsters of other make. J. A. DILLON.

Larned, Kan.

Inflation of Tires.

Some car users have been in the habit of using their tires under-inflated in hot weather, on the theory that the heat of the sun and hot roads would expand the air, increase the pressure, make riding hard and burst their tires. The Goodyear Tire and Rubber Company, Akron, Ohio, recently made a practical test of this matter. A runabout was chosen, one considerably too heavy for the 33 x 4 tires that equipt it. The test was made June 24th, the hottest June day ever recorded in Akron. The tires were all pumpt to 80 pounds, in the cool of the garage. After some intermittent driving the car was run at high speed continuously half an hour, over hot brick pavement and wood block covered with hot tar. The test concluded with a little spin at 40 miles an hour over hot brick pavement. The air pressure was measured quickly thereafter. It had increast an average of exactly four pounds. This was no difference at all, so far as the welfare of the tire was concerned. Some car owners persist in using their tires at less than recommended air pressures, for the sake of greater comfort, etc., but the result inevitably is shorter tire life. It would be better to use oversize tires, which give greater cushion and comfort and live longer than the smaller sizes, even at recommended air pressures. We have had an oversize tire on one wheel for thirteen months; the tread is now beginning to wear out. Unquestionably a regular size tire would have worn out long before.

Book on the Lincoln Highway.

In connection with the aid it has been giving the Lincoln Highway, from coast to coast, the Goodyear Tire and Rubber Company has just publisht a booklet that cannot fail to be of interest and help to coast-to-coast automobile tourists, especially those traveling by the Lincoln Way. Most of the manuscript was prepared by F. H. Trego, chief engineer of the Lincoln Highway Association, Detroit, an automobile engineer, a road expert and a man who has made the coast-to-coast journey many times by motor car. The booklet contains a map of the route, discusses routes, costs, time, equipment, advice for a variety of emergencies, provisions, etc. The book bristles with practical points for long distance motorists. Copies may be obtained by applying to the Goodyear Company at Akron, Ohio. J. C. R.

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CURRENT MEDICAL THOUGHT.

Some Therapy from Hohman.

In our February, 1913, issue, pages 84 and 85, we printed some excerpts from a "powwow" book by John George Hohman, of Rosenthal, near Reading, Pa., whereby disease was exorcised away. Since then it has been our pleasure to examin an edition of the book printed at Harrisburg, Pa., in 1840, in the German language. We give below a few more of Hohman's recipes:

† † †

☞Whoever carries this book with him, is safe from all his enemies, visible or invisible; and whoever has this book with him, cannot die without the holy corpse of Jesus Christ, nor drowned in any water, nor burn up in any fire, nor can any unjust sentence be passed upon him. So help me.

† † †

☞This book is partly derived from a work published by a Gipsey, and partly from secret writings, and collected with much pain and trouble, from all parts of the world, at different periods, by the author, John George Hohman. I did not wish to publish it; my wife, also, was opposed to its publication; but my compassion for my suffering fellow-men was too strong, for I had seen many a one lose his entire sight by a wheal, and his life or limb by mortification. And how dreadfully has many a woman suffered from mother-fits! And I therefore ask thee again, oh friend, male or female, is it not to my ever-lasting praise, that I have had such books printed? Do I not deserve the rewards of God for it? Where else is the physician that could cure these diseases? Besides that I am a poor man in needy circumstances, and it is a help to me if I can make a little money with the sale of my books.

The Lord bless the beginning and the end of this little work, and be with us, that we may not misuse it, and thus commit a heavy sin!—The word misuse, means as much as to use it for any thing unnecessary. God bless us! Amen.—The word amen means as much as that the Lord might bring to pass in reality what had been asked for in prayer. HOHMAN.

A precaution against Injuries.

Whoever carries the right eye of a wolf fastened inside of his right sleeve, remains free from all injuries.

How to obtain things which are desired.

If you call upon another to ask for a favor, take care to carry a little of the fivefinger-grass with you, and you shall certainly obtain that you desired.

A safe Remedy for various Ulcers, Piles and other Defects.

Take the root of iron-weed, and tie it around the neck; it cures running ulcers; it also serves against obstructions in the bladder (stranguary), and cures the piles, if the roots are boiled in water with honey, and drank; it cleans and heals the lungs and effects a good breath. If this root is planted among grape vines or fruit trees, it promotes the growth very much. Children who carry it, are educated without any difficulty; they become fond of all useful arts and sciences, and grow up joyfully and cheerfully.

To prevent wicked or malicious persons from doing you an injury—against whom it is of great power.

Dullix, ix, ux. Yea, you can't come over Pontio; Pontio is above Pilato.

† † †

A very good Plaster.

I doubt very much whether any physician in the United States can make a plaster equal to this. It heals the white swelling, and has cured the sore leg of a woman who for 18 years has used the prescriptions of doctors in vain.

Take two quarts of cider, one pound of beeswax, one pound of sheep tallow, and one pound of tobacco; boil the tobacco in the cider until the strength is out, and then strain it, and add the other articles to the liquid, stir it over a gentle fire till all is dissolved.

To make a good Eye water.

Take four cents worth of white vitrol, four cents worth of prepared spice-wort (calamus root,) four cents worth of cloves, a gill of good whiskey, and a gill of water. Make the calamus fine, and mix all together; then use it after it has stood a few hours.

A very good remedy for the White Swelling.

Take a quart of unslacked lime, and pour two quarts of water on it; stir it well and let it stand over night. The scum that collects on the lime water must be taken off, and a pint of flax-seed oil poured in, after which it must be stirred until it becomes somewhat consistent; then put it in a pot or pan, and add a little lard and wax, melt it well, and make a plaster and apply it to the parts effected—the plaster should be renewed every day, or at least every other day, until the swelling is gone.

Remedy for Burns.

"Burn. I blow on thee!"—It must be blown on three times in the same breath, like the fire by the sun.

† † †

To stop Bleeding.

Count backwards from fifty, inclusive till you come down to three. As soon as you arrive at three, you will be done bleeding.

A remedy to relieve Pain.

Take a rag which was tied over a wound for the first time, and put it in water together with some copperas; but do not venture to stir the copperas until you are certain of the pain having left you.

A good Remedy for the Tooth-ache.

Cut out a piece of greensword (sod) in the morning before sunrise, quite unbeshrewedly from any place, breathe three times upon it, and put it down upon the same place from which it was taken.

To heal a Sore Mouth.

If you have the scurvy, or quinsey too,
I breathe my breath three times into you.

† † †

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A good remedy for Consumption.

Consumption, I order thee out of the bones into the flesh, out of the flesh upon the skin, out of the skin into the wilds of the forest.

† † †

To cure the Bite of a Snake.

God has created all things, and they were good;
Thou only, serpent, art damned,
Cursed be thou and thy sting!

† † †

Zing, zing, zing!

A very good remedy for Gravel.

The author of this book, John George Hohman, applied this remedy and soon felt relieved. I knew a man who could find no relief from the medicine of any doctor; he then used the following remedy, to wit: He ate every morning seven peach stones before tasting anything else, which relieved him very much; but as he had the gravel very bad, he was obliged to use it constantly. I, Hohman, have used it for several weeks. I still feel a touch of it now and then, yet I had it so badly that I cried out aloud every time I had to make water. I owe a thousand thanks to God and the person who told me of this remedy.

A good remedy for those who cannot keep their water.

Burn a hog's bladder to powder, and take it inwardly.

To stop Bleeding.

I walk through a green forest;
There I find three wells, cool and cold;
The first is called courage,
The second is called good,
And the third is called stop the blood.

† † †

For the swelling of Cattle.

To Desh break no Flesh, but to Desh! While saying this run your hand along the back of the animal.

† † †

NOTE.—The hand must be put upon the bare skin in all cases of using sympathetic words.

Cure for the Bite of a Mad Dog.

A certain Mr. Valentine Kettering, of Dauphin County, has communicated to the Senate of Pennsylvania, a sure remedy for the bite of any kind of mad animals. He says that his ancestors have already used it in Germany 250 years ago, and that he had always found it to answer the purpose, during a residence of fifty years in The United States. He only published it from motives of humanity. This remedy consists in the weed called Chick-weed. It is a summer plant, known to the Germans and Swiss by the names of Gauchneil, Rother Meyer, or Rother Huehnerdarm. In England it is called Red Pimpernel; and its botanical name is Angelica Phonicea. It must be gathered in June when in full bloom, and dried in the shade, and then pulverized. The dose of this for a grown person, is a small table-spoonful, or in weight a drachm and a scruple, at once, in beer or water. For children the dose is the same, yet it must be administered at three different times. In applying it to animals, it must be used green, cut to pieces, and mixed with bran or other feed. For the hogs the pulverized weed is made into little balls by mixing it with flower and water. It can also be put on bread and butter, or in honey, molasses, &c.—The Rev. Henry Muhlenberg says that in Germany 30 grains of this powder are given four times a day, the first day, then one dose a day for a whole week; while at the same time the wound is washed out with a decoction of the weed, and then the powder strewed in it. Mr. Kettering says that he in all instances administered but one dose, with the most happy results. This is said to be the same remedy through which the late Doctor William Stoy effected so many cures.

[The daggers printed in this article represent crosses to be made by the thumbs at the particular time during or following the incantation at which they appear, and are a fundamental part of the treatment recommended. They at least add to the picturesqueness of the method.—ED.]

A Substitute for Uterin Curetment.

Dr. Thurston Welton, of Brooklyn, N. Y., in the *Long Island Medical Journal*, March, 1914, has devised a method of treating the uterus without the curet. This instrument has been condemned frequently and for sufficient reason, which we will not enumerate here. That a satisfactory substitute has been found is a matter of importance to the profession. The technic of Dr. Welton's method of treatment is as follows:

The patient prepared, the cervix is held by a guy rope. The cervix is dilated. In all cases, except the cervix is widely dilated, we first use a dressing forceps, then a small dilator and lastly a large dilator. We "iron" the cervix in dilating. That is, as we dilate we rotate the dilator slowly and try to equalize the pressure on all parts. By "ironing" the cervix and using different sized dilators little or no injury is done to the cervical canal. After the uterus is dilated strips of gauze, from 6 to 8 inches long, are soaked in 50% tincture of iodin. A strip of the iodinized gauze is introduced into the uterus with the aid of the uterin sound. This is left about a minute, removed, and another strip of the iodinized gauze introduced. As a rule, from five to eight strips of gauze are used. When a drain is required the last strip used is left in the uterus. This is removed, as a rule, in about eight hours.

When we know a sapremic condition is present even in the face of temperature, we use the iodinized gauze as described above, with the exception that we introduce and retain from two to five strips of gauze at once. Then securing the ends with a clamp the gauze is twisted and gradually withdrawn. This process is repeated from two to four times. (First the material in the uterus is removed as completely as possible with ring clamps. This is done without traumatizing the cavity of the uterus.)

As a final step, one strip of the iodinized gauze is left in the uterus as a drain. In all cases where this method was used we had a movable uterus.

The 50% tincture of iodin has several advantages. It is readily absorbed into the tissues, whereas the official tincture is not. In cases of endometritis it does the work which the curet

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was originally supposed to do. In atonic conditions and subinvolution before the process is finisht the uterus contracts. It is an antiseptic and if infectious micro-organisms are present either in the uterus or the vaginal tract the iodin renders them harmless. It does not necrose the tissue and does not get into the tubes as some authors have claimed. In three cases we did not use the gauze, but injected the iodin with a syringe. Later opening the abdomen we failed to see any evidence of iodin in the tubes. We have had cases following labor and abortions with retained material and a temperature of 104°. The method described was carried out and within eight hours the temperature fell to normal or one degree above normal.

In small uteri and cases of sterility where the husband was not at fault and the trouble seemed to be with an undersized uterus, a tight cervix or an acute anteflexion, etc., the cervix was thoroly dilated, iodinized and a glass stem pessary sewed in the cervix after the method of Baldwin. The curet was not used. In misplaced uteri the endometrium was iodinized and the misplacement corrected. In no case have we regretted using the iodin, while previous to using it we have felt that we did do harm with a curet.

Percentage Solutions.

WITH TABLE OF PARTS AND PERCENTAGE EQUIVALENTS BASED ON THE APOTHECARIES' WEIGHT.

(By EDGAR U. WRIGHT, of Newark, N. J.)

An accurate working-table of parts and percentage equivalents, for guidance in making solutions, etc., is undoubtedly of decided advantage to the busy pharmacist in his precription laboratory, and a useful aid to his apprentices. A mistake in mental arithmetic is possible with any one, no matter how conversant he may be with weights, measures and the calculation of percentages based on weights or measures; and at the dispensing desk, where accuracy and rapidity are essential, a moment saved is often of utmost importance.

A table embodying the foregoing requirements, based on the apothecaries' weight, is herewith presented. The percentages are graded from $\frac{1}{10}$ of 1% to 50%—or their equivalents in parts, from 1 in 1,000 to 1 in 2; and the quantities from 20 minims to 32 fluid ounces.

Regardless of the quantity of solution, etc., to be made, the salt or solid must displace its own weight of solvent. For instance, a fluid ounce of a 1 in 30 (or 3⅓%) solution of cocain must contain 16 grains of the salt, and a sufficient quantity of solvent to make 1 fluid ounce of finisht product.

The table will also be found of service in the case of solutions of powerful alkaloids and salts, in determining at a glance the exact quantity of the medicament in each prescribed dose of the mixture. For example, take a prescription calling for 6 fluid ounces of a 1 in 1,000 solution of iodin trichlorid, to be administered in doses of 1 fluid dram. By referring to the table, it will be seen, not only that 3 grains of iodin trichlorid are required to fill the recipe, but also that each dose of the latter—1 fluid dram—contains $\frac{3}{5}\frac{3}{0}$ grain of the medicament.

PARTS	Per cent.	20 min.	Fl. ʒi.	Fl. ʒij.	Fl. ʒiij.	Fl. ʒiv.	Fl. ʒv.	Fl. ʒvj.	Fl. ʒvij.	Fl. ʒviij.	Fl. ʒix.	Fl. ʒx.	Fl. ʒxv.	Fl. ʒvj.	Fl. ʒviij.	Fl. ʒxij.	Fl. ʒxvj.	Fl. ʒxxxij
1 in 1,000	$\frac{1}{10}$	$\frac{1}{50}$	$\frac{3}{10}$	$\frac{3}{5}$	$\frac{1}{2}$	$\frac{1}{1}$	$\frac{3}{10}$	$\frac{3}{5}$	$\frac{9}{10}$	1	$1\frac{1}{2}$	2	$2\frac{3}{5}$	3	$3\frac{1}{5}$	$5\frac{3}{5}$	$7\frac{1}{2}$	$15\frac{1}{2}$
1 in 900	$\frac{1}{9}$	$\frac{1}{45}$	$\frac{1}{3}$	$\frac{1}{1}$	$\frac{1}{2}$	$\frac{5}{18}$	$\frac{1}{3}$	$\frac{2}{3}$	$\frac{5}{18}$	$\frac{5}{18}$	$1\frac{1}{2}$	$1\frac{2}{3}$	$2\frac{7}{18}$	$2\frac{2}{3}$	$3\frac{1}{3}$	$4\frac{1}{2}$	$6\frac{2}{3}$	$8\frac{1}{2}$	17
1 in 800	$\frac{1}{8}$	$\frac{1}{40}$	$\frac{1}{10}$	$\frac{1}{5}$	$\frac{3}{10}$	$\frac{1}{10}$	$\frac{1}{5}$	$\frac{2}{5}$	$\frac{1}{10}$	$\frac{1}{5}$	$1\frac{1}{5}$	$1\frac{1}{3}$	$2\frac{1}{5}$	3	$3\frac{2}{5}$	$4\frac{4}{5}$	$7\frac{1}{5}$	$9\frac{3}{5}$	$19\frac{1}{5}$
1 in 700	$\frac{1}{7}$	$\frac{1}{35}$	$\frac{3}{35}$	$\frac{1}{5}$	$\frac{3}{7}$	$\frac{1}{7}$	$\frac{3}{7}$	$\frac{6}{7}$	$\frac{3}{7}$	$\frac{6}{7}$	$1\frac{2}{7}$	$2\frac{1}{7}$	$2\frac{6}{7}$	$3\frac{3}{7}$	$4\frac{1}{7}$	$5\frac{2}{7}$	$8\frac{1}{7}$	11	$21\frac{9}{7}$
1 in 600	$\frac{1}{6}$	$\frac{1}{30}$	$\frac{1}{10}$	$\frac{1}{5}$	$\frac{1}{10}$	$\frac{1}{6}$	$\frac{1}{2}$	$\frac{2}{3}$	$\frac{1}{10}$	$\frac{1}{5}$	$1\frac{1}{5}$	$2\frac{1}{3}$	$3\frac{1}{10}$	4	$4\frac{4}{5}$	$6\frac{1}{2}$	$9\frac{3}{5}$	$12\frac{4}{5}$	$25\frac{3}{5}$
1 in 500	$\frac{1}{5}$	$\frac{1}{25}$	$\frac{1}{5}$	$\frac{1}{2}$	$\frac{3}{5}$	$\frac{1}{5}$	$\frac{3}{5}$	$\frac{7}{5}$	$\frac{7}{10}$	1	2	$2\frac{1}{2}$	$3\frac{7}{10}$	$4\frac{4}{5}$	$5\frac{3}{5}$	$7\frac{7}{5}$	$11\frac{1}{5}$	$15\frac{2}{5}$	$30\frac{2}{5}$
1 in 400	$\frac{1}{4}$	$\frac{1}{20}$	$\frac{1}{5}$	$\frac{1}{2}$	$\frac{3}{5}$	$\frac{2}{5}$	$\frac{3}{5}$	$\frac{7}{5}$	$1\frac{1}{10}$	$1\frac{1}{5}$	$2\frac{2}{5}$	$3\frac{1}{5}$	$4\frac{4}{5}$	6	$7\frac{1}{5}$	$9\frac{3}{5}$	$14\frac{2}{5}$	$19\frac{1}{5}$	$38\frac{2}{5}$
1 in 300	$\frac{1}{3}$	$\frac{1}{15}$	$\frac{1}{5}$	$\frac{2}{3}$	$\frac{2}{3}$	$\frac{1}{3}$	1	$1\frac{1}{3}$	$1\frac{2}{3}$	$3\frac{1}{3}$	$4\frac{2}{3}$	$6\frac{1}{3}$	8	$9\frac{2}{3}$	$12\frac{1}{3}$	$19\frac{1}{3}$	$25\frac{2}{3}$	$51\frac{1}{3}$
1 in 200	$\frac{1}{2}$	$\frac{1}{10}$	$\frac{1}{10}$	$\frac{2}{5}$	$\frac{1}{10}$	$1\frac{1}{5}$	$1\frac{1}{2}$	$1\frac{1}{3}$	$2\frac{1}{10}$	$2\frac{2}{5}$	$4\frac{1}{5}$	$7\frac{1}{5}$	$9\frac{1}{2}$	12	$14\frac{2}{5}$	$19\frac{1}{5}$	$28\frac{4}{5}$	$38\frac{2}{5}$	$76\frac{4}{5}$
1 in 100	1	$\frac{1}{5}$	$\frac{2}{5}$	$1\frac{1}{5}$	$1\frac{4}{5}$	$2\frac{2}{5}$	3	$3\frac{3}{5}$	$4\frac{1}{5}$	$4\frac{4}{5}$	$9\frac{3}{5}$	$14\frac{2}{5}$	$19\frac{1}{5}$	24	$28\frac{4}{5}$	$38\frac{2}{5}$	$57\frac{3}{5}$	$76\frac{4}{5}$	$153\frac{3}{5}$
1 in 50	2	$\frac{2}{5}$	$1\frac{1}{5}$	$2\frac{2}{5}$	$3\frac{3}{5}$	$4\frac{4}{5}$	6	$7\frac{1}{5}$	$8\frac{2}{5}$	$9\frac{3}{5}$	$19\frac{1}{5}$	$28\frac{4}{5}$	$38\frac{2}{5}$	48	$57\frac{3}{5}$	$76\frac{4}{5}$	$115\frac{1}{5}$	$153\frac{3}{5}$	$307\frac{1}{5}$
1 in 40	$2\frac{1}{2}$	$\frac{1}{2}$	$1\frac{1}{2}$	3	$4\frac{1}{2}$	6	$7\frac{1}{2}$	9	$10\frac{1}{2}$	12	24	36	48	60	72	96	144	192	384
1 in $33\frac{1}{3}$	3	$\frac{3}{5}$	$1\frac{3}{5}$	$3\frac{1}{5}$	$5\frac{1}{5}$	$7\frac{1}{5}$	8	11	$12\frac{3}{5}$	$14\frac{1}{5}$	29	$43\frac{2}{5}$	$58\frac{1}{5}$	72	$87\frac{1}{5}$	$116\frac{1}{5}$	$174\frac{1}{5}$	$232\frac{3}{5}$	$465\frac{1}{5}$
1 in 30	$3\frac{1}{3}$	$\frac{3}{5}$	2	4	6	8	10	12	14	16	32	48	64	80	96	128	192	256	512
1 in 25	4	$\frac{4}{5}$	$2\frac{2}{5}$	$4\frac{4}{5}$	$7\frac{1}{5}$	$9\frac{3}{5}$	12	$14\frac{2}{5}$	$16\frac{4}{5}$	$19\frac{1}{5}$	$38\frac{2}{5}$	$57\frac{3}{5}$	$76\frac{4}{5}$	96	$115\frac{1}{5}$	$153\frac{3}{5}$	$230\frac{2}{5}$	$307\frac{1}{5}$	$614\frac{2}{5}$
1 in 20	5	1	3	6	9	12	15	18	21	24	48	72	96	120	144	192	288	384	768
1 in 10	10	2	6	12	18	24	30	36	42	48	96	144	192	240	288	384	576	768	1536
1 in 5	20	4	12	24	36	48	60	72	84	96	192	288	384	480	576	768	1152	1536	3072
1 in 4	25	5	15	30	45	60	75	90	105	120	240	360	480	600	720	960	1440	1920	3840
1 in 3	$33\frac{1}{3}$	$6\frac{2}{3}$	20	40	60	80	100	120	140	160	320	480	640	800	960	1280	1920	2560	5120
1 in 2	50	10	30	60	90	120	150	180	210	240	48	720	960	1200	1440	1920	2880	3840	7680

RULE—To find the number of grains (apothecaries' weight) required to make a solution of any given percentage, first find the quantity of solution to be made, as given on the top line of table, then by referring to the percentage column, find the percentage desired. Draw lines at right angles on the table from the quantity and percentage figures selected, and the answer will be found where the lines intersect.—*Merck's Market Report.*

[If you want to make one ounce of a 1% solution, trace the fl. ʒj column down, and the 1% line to the right until the two meet, and we see that 4½ grains would be necessary. This appeared in February, 1903, MEDICAL WORLD. We reprint it now by request.—ED.]

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Corpus Luteum Extract.

C. F. Burnam, reviewing the function of the internal secretion of the ovaries and the use of the extract, gives his personal experience in experimenting with the extract of the corpus luteum of the pig. When given by the mouth corpus luteum tissue of the sow, even in large doses, has little or no toxic effect on women. It affords a valuable means of controlling the nervous symptoms which occur in so many patients at the time of the natural or artificial menopause, giving relief to most sufferers. It is a valuable remedy in treating patients with insufficient internal ovarian secretion during the menstrual life. This class constitutes a very large number of women. It is an excellent remedy to induce menstruation in young women suffering from functional amenorrhea. Those who are fat, in addition to regaining menstruation, usually, but not always, lose weight. There would seem to be a possibility for the use of the drug in cases of unexplained sterility and repeated abortions. So far as it goes, the author's work strengthens his conviction that Fraenkel is correct in attributing menstruation in the internal secretion of the corpus luteum. From clinical experiences he is inclined to believe that the corpus luteum possesses different properties due to different chemicals. One of these substances causes hyperemia of the pelvic organs; another relieves nervous symptoms of a toxic character, as at the menopause. It would seem that this product acts as a neutralizer, since even large doses of the luteum cause no disturbance of a toxic nature. On the other hand, the toxic results of intravenous injections of the luteum extracts, as well as the nervous phenomena of menstruation, show that there must also be some toxic material present which is not absorbed from the stomach or intestins. All of these various substances may in the future be separated.—*Medical Record.*

New Diagnostic Sign of Abdominal Injuries.

E. B. Claybrook, in *Surgery, Gynecology and Obstetrics,* January, 1914, reports a "new diagnostic sign in injuries of the abdominal viscera," which should be of inestimable value to the practician who first sees a patient in whom there may be a suspicion of internal injury. This sign consists in the transmission of heart and respiratory sounds over the abdomen, they being heard here as well as over the chest. His explanation of the probable cause of the sign is given as an irritation of the parietal peritoneum, due to the sudden outpouring of blood, bowel content or urin, into the abdominal cavity. The sign occurs within a short time after the injury has been received, and may last for several days. He believes that this sign when present is a positiv indication for immediate laparotomy.

In the past nine years he has seen a large number of patients in whom there were symptoms and signs of internal injuries or suspicions of such. In only two patients was the sign absent; one in whom there was a rupture of the liver near the lobus spigelii, in which the blood was so thoroly walled off that it did not reach the parietal peritoneum, and another with a severe bowel injury in which the abdominal cavity was full of blood. This sign has not been present in extraperitoneal lacerations of the bladder, nor in injuries of the abdominal wall without injury to the viscera.

The sign was present in ruptured mesentery with hemorrhage, ruptured spleen, ruptured bowel, ruptured liver, ruptured tubal pregnancy, and immediately after rupture of an appendix. It should also be of value in perforating ulcers of the stomach or duodenum, or of the bowel in typhoid fever.

Such emergencies as injuries of the contents of the abdominal cavity may occur in the practise of any physician at almost any time, and it is frequently difficult to decide whether an immediate laparotomy should be done or whether to watch and wait. Claybrook urges that the sign be lookt for in all cases of abdominal injuries, whether the symptoms or signs of visceral injury are present or absent.—*Lancet-Clinic.*

Oath of Hippocrates.*

I swear by Apollo, the physician, by Æsculapius, by Hygeia, by Panacea, and by all the gods and goddesses, calling them to witness that according to my ability and judgment I will in every particular keep this, my oath and covenant: To regard him who teaches this art equally with my parents, to share my substance, and if he be in need, to relieve his necessities; to regard his offspring equally with my brethren; and to teach his art if they shall wish to learn it, without fee or stipulation; to impart a knowledge by precept, by lecture, and by every other mode of instruction to my sons, to the sons of my teacher, and to pupils who are bound by stipulation and oath according to the law of medicin, but to no other.

I will use that regimen which, according to my ability and judgment, shall be for the welfare of the sick, and I will refrain from that which shall be baneful and injurious. If any shall ask of me a drug to produce death, I will not give it, nor will I suggest such counsel. In like manner I will not give to a woman a destructiv pessary.

With purity and holiness will I watch closely my life and art. I will not cut a person who is suffering with a stone, but will give way to those who are practicians in this work. Into whatever houses I shall enter I will go to aid the sick, abstaining from every voluntary act of injustice and corruption, and from lasciviousness with women or men—free or slaves.

Whatever in the life of men I shall see or hear, in my practise or without my practise, which should not be made public, this will I hold in silence, believing that such things should not be spoken. While I keep this, my oath, inviolate and unbroken, may it be granted to me to enjoy life and my art, forever honored by all men; but should I by transgression violate it, be mine the reverse.

Hygiene and the Red Cross at the Swiss National Exhibition, Berne.

Medical men will be interested in the Hygiene and Red Cross sections of the Swiss National Exhibition in Berne, which opened on May 15th and which will last until October 15th next.

In the Neufeld portion of the exhibition grounds we find the Davoserhaus, a pavilion built by the Davos Tourist Association to illustrate the development of Davos as a health resort. Adjoining is the Pavilion of Balneology, built by

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various tourist associations to attract attention to the thermal springs of various Swiss spas, and opposite we find the special Hygiene Exhibition. The exhibition has been partly arranged by the Swiss hospitals, and shows, among other things, an old-fashioned monastic medicin chest and a modern hospital dispensary. The Swiss health office shows its method of testing food with a view to preventing adulteration, and also its methods of inspecting slaughterhouses. Hospital wards are also exhibited, both as they were in former times and as they should be now, and a good deal of space is devoted to the work of the Red Cross and Ambulance Associations.

The foundation in the city of Geneva of the Red Cross dates back to the year 1863, and in August next it will thus be fifty years since this most noble of all institutions has been at work. A tree of genealogy will be the exhibit of the Red Cross at the National Exhibition and it will show the wonderful growth of the tiny seed which was sown fifty-one years ago and which has brought so much comfort and sunshine to the sick and wounded.

Death Rate of the United States for 1913.

The death rate of the registration area of the United States in 1913 was 14.1 per 1,000 estimated population, according to a statement made public by Director William J. Harris, of the Bureau of the Census, Department of Commerce. This statement was prepared under the supervision of Dr. Cressy L. Wilbur, of the division of vital statistics. The death rate for 1913 was based on 890,823 deaths returned from 24 registration states, the District of Columbia, and 41 cities in nonregistration states. The total population included in the registration areas reporting is 63,299,164, or 65.1% of the estimated population of the United States. While the figures are not complete for the entire country, they serve as an index to the general sanitary condition of the United States. Virginia is included for the first time in the national vital statistics, as the result of the passage of a registration law in that state in 1912, and the Bureau of the Census is activly co-operating with officials in other states so that the entire country may be included in the area having effectiv registration at the earliest possible date.

Death Rates in the Registration Area.

The death rate for 1913 slightly exceeded that for 1912, which was 13.9, but was less than that for 1911, which was 14.2. It also is markedly lower than the average rate for the 5-year period 1901–1905, which was 16.2. The decrease in the death rate amounts to 13%, or to a reduction of about 1 deathi n every 8, during the interval of 10 years. Allowing for changes made in the registration area during this time (much new territory has been added), when comparison is made of the rates shown for 1913 and for 1901 to 1905, with the same group of registration states, there is still a considerable decrease shown (7.5%). If the same death rate had prevailed in the registration area in 1913 as prevailed in the annual average for the years 1901–1905, there would have been 1,025,446 deaths recorded instead of 890,823, an excess of 134,623 over the number recorded in 1913. In the original group of registration states as constituted in 1901–1905, the population of which is about one-fourth of the total population of the United States, the reduction in mortality would have been equivalent to a saving of 30,546 lives in 1913 that would have been lost if the former rate of mortality had continued.

Changes in the age and sex constitution of the population must be considered before the exact extent and nature of the lower general mortality can be understood, but it is certain that many thousands of lives are now prolonged that would have perisht only a few years ago. The widespread awakening of the people thruout the United States to the support of public health authorities is already bearing fruit in the way of a lower death rate.

Death Rates for Certain States and Cities.

Among the states for which the death rates for 1901 to 1905 are known, the largest percentage of decrease was shown for Rhode Island (15.7), followed by New York (12.3), New Jersey (11.2), and Massachusetts (9.6). Slightly increast death rates for 1913 are shown for Michigan (4.5), New Hampshire (3), and Indiana (0.8). These increases may be due in some cases to increast accuracy of registration of deaths during 1913 as compared with the earlier period. The following cities show a reduction of 20% or more from 1901-1905 to 1913, or an average of 2% or more for each year of the past decade: New York, 24.7; Jersey City, 24.4; Newark, N. J., 23; San Francisco, 21.7; Lowell, Mass., 21.3; Spokane, Wash., 21.2; Denver, Col., 20.3; and Paterson, N. J., 20.1.

Doctor, if you desire to change your location or purchase second-hand equipment of any kind, refer to the classified advertisements on page iv. If what you desire is not advertised, put an advertisement in yourself. We will make no charge to subscribers for the first insertion of an advertisement of a practise wanted or for sale not exceeding 25 words, additional words and succeeding insertions being at the rate of 3 cents a word. Business advertisements, such as books, instruments, etc., are 6 cents per word; no free words. By using this department you can get in touch with many prospectiv buyers and sellers at small cost.

EXAMINATION QUESTIONS.

Ohio, June 2–5, 1913.

DERMATOLOGY, SYPHILOLOGY, AND DISEASES OF THE EYE, EAR, NOSE AND THROAT.

1. Describe infantil eczema; outline its treatment.
2. Differentiate scabies from prurigo.
3. How do you recognize and treat scabies?
4. Describe the initial lesion of syphilis.
5. Briefly outline treatment of syphilis.
6. What faulty anatomic conditions of the eye constitute myopia, and how can it be corrected by lenses?
7. Describe simple chronic rhinitis.
8. Describe otitis media purulenta and mention possible complications.
9. Describe iritis; give causes and treatment.
10. Describe laryngeal tuberculosis.

Answers.

1. *Infantil eczema* is generally pustular, and when occurring on the scalp is known as "milk crust." It is said to be due to general weakness, malnutrition, susceptibility of the tender skin to wounds, and the tendency to scratch an itching skin. In the management of this condition special attention must be given to the infant's food; the child should wear a mask or skullcap (whenever possible) smeared with a suitable ointment. Unna's paste is also serviceable. Scratching must be prevented. Calomel, rhubarb and soda, and cod liver oil are all beneficial.

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2 and 3. *Scabies* is a contagious, animal, parasitic disease, due to the *Sarcoptes scabiei*, characterized by burrows and a multiform eruption, and attended by severe itching. The eruption usually occupies certain areas where the skin is thin; these are the interdigital spaces, the flexor surface of the wrist and arm, the anterior and posterior axillary folds, the mammæ and nipples (in women), the umbilicus, the buttocks, the penis, the inner side of the thighs and legs and the toes. The face is exempt except occasionally in infants. The itching is intense and worse at night. The affection is curable, but dermatitis may result from overtreatment.

Treatment consists in a thoro scrubbing with soap and warm water, followed by friction to dry the skin, and the application of sulfur ointment; the latter to be repeated morning and night for three days. The whole process may need to be repeated one or more times.

Prurigo occurs on the extensor surfaces, and is accompanied by enlarged glands.

4. The *initial lesion of syphilis* is called the chancre. It usually appears in from two to six weeks after inoculation, and may show itself as a papule, erosion or ulcer. It is sharply defined, has a cartilaginous feel, and has an indurated base. The secretion, if any, is thin and serous. It is generally single, and is accompanied by enlarged lymphatic glands.

5. "The *treatment of syphilis* in all cases should be directed toward the general health; and tonics, stimulants, nutritious food and fresh air should be freely allowed. Mercury is used for its direct effect upon the disorder, and potassium iodid in the late stage for its general alterativ and absorbent effect. In the early stage the protiodid, the bichlorid or the biniodid of mercury may be administered by the mouth. In the intermediate stages this may be continued alone or combined with potassium iodid. Often in the late stages potassium iodid is administered alone. In children and pregnant women mercurial inunctions are preferred. There are other methods of introducing mercury into the system, such as by intravenous or hypodermic injections, but the above-mentioned methods are most generally used. Involvement of the special organs requires appropriate local treatment in addition to the administration of the iodids and mercurials. The latest addition to specific therapy is Ehrlich's synthetic arsenic compound, arsenobenzol, or salvarsan. A single injection of a proper dose is reported to be as destructiv to the *Spirocheta pallida* as quinin is to the *Plasmodium malariæ*." ("Pocket Cyclopedia.")

6. *Myopia* is a condition in which the anteroposterior axis of the eye is abnormally long, and parallel rays are focused in front of the retina. The condition can be corrected by means of a concave lens.

7. *Chronic rhinitis* generally results from successiv attacks of acute rhinitis, and is apt to cause atrophy or hypertrophy of the nasal mucous membrane. Crust formation occurs in the latter condition. The patient becomes very liable to take cold. Treatment is general as well as local.

8. *Acute purulent otitis media:* Acute catarrhal otitis media, instead of undergoing resolution, may pass into acute purulent otitis media (especially in exanthemata) from the passage of pathogenic germs from the nasopharynx into the middle ear. The pain will become more intense, the hearing dull, tinnitus will become louder and more distressing, and fever usually sets in.

Chronic purulent otitis media is due to the permanent lodgment of staphylococci in the acutely inflamed middle ear. This unfortunate result is usually brought about by improper—*i. e.*, excessiv—treatment of acute otitis media, generally by the patient, but sometimes, regrettably, by the physician.

Complications of middle ear disease are inflammation of the mastoid cells, caries and necrosis, phlebitis, meningitis and brain abscess. ("Cyclopedia of Medicin and Surgery.")

9. IRITIS is inflammation of the iris. *Causes:* Syphilis, rheumatism, gonorrhea, gout, diabetes, leprosy, scrofula, tuberculosis, injury transmission from the eye. *Symptoms:* Pain, photophobia, small pupil, ciliary congestion, discoloration of iris, exudate in anterior chamber. *Treatment:* Causal abstraction of blood from temples, atropin, diaphoresis, shielding the eye from light.

10. *Tuberculous laryngitis* "may be primary, but is usually secondary to phthisis. Tubercles form, break down and become ulcers, which coalesce and often cause great destruction of tissue. The most common situation for these ulcers is about the arytenoid cartilages, the vocal cords, and the under surface of the epiglottis. Elevated granulations on the posterior wall of the larynx are strongly suggestiv of tuberculosis. The subjectiv symptoms are those of syphilis of the larynx. Tubercle bacilli may be found in the expectoration. The treatment is that of tuberculosis elsewhere, with applications of lactic acid and insufflations of iodoform or thymol iodid. Tracheotomy may be needed for the same conditions as in syphilis of the larynx." (Stewart's "Surgery.")—*Medical Record.*

BOOK REVIEWS.

DUODENAL ULCER. By B. G. A. Moynihan, M.D. (London), F.R.C.S., Senior Assistant Surgeon at Leeds General Infirmary, England. Second edition, enlarged. 486 pages, illustrated. Philadelphia and London: W. B. Saunders Company. Cloth, $5, net; half morocco, $6.50, net.

Duodenal ulcer is common, and presents no great difficulty of diagnosis to the skilled clinician, yet because the teaching of ten years ago clast it as a rare disease, and difficult of diagnosis, too many practicians lack the skill necessary to an accurate diagnosis. The author fairly states that the stricter and more prolonged medical treatment brought about by the increast knowledge of such organic affections may bring about permanent relief, so as to permit patients so treated to escape operativ attention. He includes a report of all cases operated upon to the end of 1908. Up to the end of 1909, he secured the remarkably low mortality of 1.6%, and in his last 121 cases there was no death. The chapters include history, pathology, ulceration of the duodenum in burns, scalds and uremia, tuberculous ulcer of the duodenum, melena neonatorum and duodenal ulcer; chronic duodenal ulcer, differential diagnosis, treatment, jejunal and gastrojejunal ulcer, perforation. One of the few books on a special subject that every practician can use in general practise.—A. L. R.

A TREATISE ON CLINICAL MEDICIN. By William Hanna Thomson, M.D., LL.D., formerly Professor of Practise of Medicin and of Diseases of the Nervous System in the New York University Medical College; Ex-President of the New York Academy of Medicin, etc. 667 pages. Philadelphia and London: W. B. Saunders Co., 1914. Cloth, $5; half morocco, $6.50.

The author has adhered to his title, leaving laboratory considerations for other writers, and considering solely the living patient. He begins with symptoms, often common, tho important; and insists that they be thoroly understood before proceeding further with the patient. The next chapter is on remedies and their classification according to special applications. In the next section infections by micro-organisms is considered in detail and suggestions for classification given. Finally, diseases of various organs and tissues are covered thoroly. The text is designed exclusivly for aid to the practician in alleviating and curing the maladies of the ailing. It is terse and practical thruout.—A. L. R.

MODERN SURGERY: GENERAL AND OPERATIV. By J. Chalmers DaCosta, M.D., Samuel D. Gross, Professor of Surgery, Jefferson Medical College, Philadelphia, Pa. Seventh edition, enlarged. 1515 pages, with 1085 illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Co., 1914. Cloth, $6, net; half morocco, $7.50, net.

It is written with the aim of attaining "a happy medium between undue length and undue brevity." He has used other authors' words when describing their work. Thruout the book there is a notable effort to make everything practical, but on many subjects requiring mention space could not be taken for discussion and hence the "imperativ mood has dominated the text." All is right up to the latest advances, and so much new material has

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been incorporated that it was necessary to reset the book thruout. To condense so many additions within convenient bounds, the pages are made seven lines longer and somewhat wider than in the last edition, thus practically adding 250 pages to the book without adding to its bulk. Dr. Chevalier Jackson, of Pittsburgh, has written the sections on "Tracheobronchoscopy and Esophagoscopy." The section on roentgenology was revised by Dr. Willis F. Manges. Directions for performing various operations are plain and terse, and the general practician will not be confused by contradicting methods. It is a dependable guide to the best practise of modern surgery, and it is admirably suited to the needs of the general practician who must know not only what is to be attempted, but also just how to go about doing it in the approved manner.—A. L. R.

MEDICAL GYNECOLOGY. By S. Wyllis Bandler, M.D., Adjunct Professor of Diseases of Women, New York Postgraduate Medical School and Hospital. Third edition, 790 pages, 150 original illustrations. Philadelphia and London: W. B. Saunders Co., 1914. Cloth, $5, net; half morocco, $6.50, net.

The non-operativ side of gynecology appeals strongly to the majority of patients and practicians, yet too few physicians are as well versed in this line as they should be. Doubtless this is due to the dearth of dependable textbooks. In this text all available methods of attack against gynecologic ills are enumerated, *but* operativ procedure is reserved as a *last* resort. The various affections are viewed from the standpoints of symptomatology, the disease itself, bimanual and microscopic findings, and the general physical and nervous condition. Considerable attention is devoted to the internal secretions, since the late investigations have establisht the intimate relations existing between the genital tract of women and the various glands. No one wishing to be up to date can ignore this interesting phase of the newer gynecology, and in no place can one obtain a clearer insight into the known fundamentals of this late theory. The text is easy to follow, and will prove of service to those who wish to avoid the knife in all cases where it is not absolutely necessary to use it.—A. L. R.

PRACTICAL HORMONE THERAPY: A Manual of Organotherapy for General Practicians. By Henry R. Harrower, M.D., late Professor of Clinical Diagnosis, Loyola University, Chicago; Fellow of the Royal Society of Medicin; Member of the American Medical Editors' Association, etc. With a foreword by Prof. Dr. Arthur Biedl, Vienna. Pp. xx+488, with 5 figures. 1914. London: Baillière, Tindall & Cox. New York: H. R. Harrower, 75 Washington Place. Price, $4.50, net.

In this volume Dr. Harrower presents the results of the work of all the recent investigators with the animal extracts, or internal secretions, here called hormones. A study of this splendid volume will prove a revelation to a great many physicians. The well-known usages of thyroid and adrenalin are herein amplified, together with a great many others, heretofore but little known to the majority of physicians. One chapter deals with "Pluriglandular Extracts," about which we have had many inquiries of late. Pancreatic, splenic, thyroid, parathyroid, thymus, tonsils, salivary, secretins, bile, chromaffin, pituitary, adrenal, pineal, brain and nerve, orchitic, prostatic, ovarian, lutein, mammary, carotid, lymphatic extract, and others are all carefully included. Hypersecretion and hyposecretion and their effects are intelligently considered. Altogether it is a very useful and practical book and will prove of great service to the general practician.—J. C. R.

ASTHMA AND ITS RADICAL TREATMENT. By James Adam, M.A., M.D., F.R.F.P.S., Hamilton; Dispensary Aural Surgeon, Glasgow Royal Infirmary. 184 pages, 4 illustrations. Publisht by Paul B. Hoeber, 69 E. 59th St., New York. Price, $1.50, net.

In this very excellent book the author gives his views of asthma as an autotoxemia. He prints case reports bearing out his statements, and adduces much clinical and pathologic evidence in support of his views. His treatment is mainly dietary, for which he lays down strict rules, albeit the dietary is very liberal. Physicians treating asthmatic cases can read this book with profit.—J. C. R.

LECTURES ON DIETETICS. By Max Einhorn, Professor of Medicin, New York Postgraduate Medical School. 149 pages. Publisht by Paul B. Hoeber, 69 E. 59th St., New York, 1914. Price, $1, net.

The text is the lectures of the author as taken down by the stenografer, and without change, and are as follows: The Principles of Diet and Nutrition, Digestibility of Foods, Diet in Health and Acute Diseases, Acute Disease of Prolonged Duration, in Chronic Diseases, in Chronic Affections of the Digestiv Tract; Dietetic Treatment of Chronic Diarrhea, of Diabetes Mellitus; Diet *Régimes;* Indications for and Description of the Method of Duodenal Feeding. It is intensely practical and it is the best small book on the subject we have seen.—A. L. R.

HOW TO DIAGNOSE SMALLPOX. By W. McC. Wanklyn, B.A., M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer of the London County Council. 102 pages. Publisht by Paul B. Hoeber, 69 E. 59th St., New York. Price, $1.50, net.

Comparativly few general practicians are competent to make a diagnosis of smallpox, and failure to do so is always followed by severe professional injury and deep chagrin. The text gives warning of the difficulties and traps which one is likely to meet, and assists one to a high degree of accuracy in diagnosis. The book is the best small one in our knowledge, since the essential points are covered tersely, thoroly, and in such manner that the earnest student cannot fail to grasp the vital point of diagnosis.—A. L. R.

A HISTORY OF LARYNGOLOGY AND RHINOLOGY. By Jonathan Wright, M.D., Director of the Department of Laboratories, N. Y. Postgraduate Medical School. Second edition, revised and enlarged. 357 pages. Publisht by Lea & Febiger, Philadelphia and New York, 1914. Price, $4.

This is a very scholarly volume and exhibits the great care with which the author searcht the literature, ancient, medieval and modern, for references to laryngology and rhinology. He traces the rise of the subject from the very earliest times and presents the material in a very entertaining vein. To our mind, it is the ideal method of writing medical history. We laryngologists, and, indeed, all physicians, will find this book a great treasure. The author brings his history down to the present day, which makes the latter part of the book particularly valuable.—J. C. R.

HUMAN ENERGY. By Albert Abrams, A.M., M.D., LL.D., 246 Powell Street, San Francisco. 1914. Paper, 8vo, pp. ii, 53.

This is the abstract of a recent address delivered before the American Association for the Study of Spondylotherapy, in which Professor Abrams elaborates the practical side of some of his recent dis-

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coveries of the body reflexes in disease. Taking the now-proved electronic theory as a basis, he holds that "In disease the rearrangement of the electrons is associated with the evolution of energy which is either neutral or endowed with a definit polarity," and "The author's stomach reflex is employed as a delicate physiologic test for the presence of this energy." Then he applies this knowledge, for everyday practise, to diagnosis of sympathetic irritation, determination of sex, neoplasms, lues, dementia paralytica, tuberculosis, epilepsy, etc. Progressiv doctors cannot afford to neglect the new facts here adduced.—A. B. H.

TREATMENT OF CHRONIC LEG ULCERS. A Practical Guide to Symptomatology, Diagnosis and Treatment. By Edward Adams, M.D., 122 pages, 14 illustrations. Publisht by International Journal of Surgery Company, 100 William St., New York City. Price, $1.

This little volume is a well executed guide to the treatment of a class of ailments that usually receive scant treatment in treatises on surgery. Various forms of local treatment; ointments, including Unna's paste and scarlet red; sponge grafting, skin grafting, caustics, dangers, results, complications, etc., are carefully detailed. The author considers separately the various kinds of ulcers—epitheliomatous, callous, syphilitic, perforating, etc.; phlebitis and varicose veins. The latest treatment is given. It is a good book for the general practician as well as the surgeon. —J. C. R.

PATHFINDERS OF PHYSIOLOGY. By J. H. Dempster, A.B., M.D., Editor of *Detroit Medical Journal*. 74 pages, 14 illustrations. Publisht by Detroit Medical Journal Company.

This little volume consists of a series of biographic sketches of physicians who have made investigations in the domain of physiology, among whom we find William Harvey, our illustrious *confrère* William Beaumont, his subject Alexis St. Martin, Claude Bernard, Mayow, Lavoisier, Joseph Priestly, Theodor Schwann, Rudolph Virchow and scores of others. They and their work are described. The work of many more illustrious physicians is included in this book than one would expect in that number of pages. It is a very interesting book.—J. C. R.

TEACHING SEX HYGIENE IN THE PUBLIC SCHOOLS. By Dr. E. B. Lowry. Publisht by Forbes & Co., Chicago, Ill. 94 pages. Price, 50 cents.

The book is issued as "simply an explanation of the present *status* of the question as related to the public schools." Thoughtful educators realize that to plunge into the teaching of sex hygiene without a realization of its difficulties must end disastrously, yet examples are not wanting of such failures. The difficulties are not insurmountable, but it is necessary that mature consideration be given to the matter, and that only teachers of ripe judgment be permitted to take up the work. Without going explicitly into details regarding how sex hygiene should be taught in the public schools, many valuable suggestions are given.—A. L. R.

THE CLINICAL HISTORY IN OUTLINE. By Paul G. Woolley, S.B., M.D., Professor of Pathology, College of Medicin, University of Cincinnati. Publisht by C. V. Mosby Co., St. Louis, Mo., Price, $1.

It is now realized that a complete clinical history is of value not only as an aid to diagnosis, but also in that it has a distinct value in aiding the physician to map out rules for the patient by which he may avoid recurrences and thru which he may escape sequelæ. Judgment is essential in taking a history correctly as well as in treating a patient properly. The terse and practical text here given is a valuable aid to those who are without training or experience in this line. It is a reminder of the points to be considered, and suggests a systematic scheme by which the facts may be arranged in an orderly and professional manner.—A. L. R.

HOSSFELD'S NEW PRACTICAL METHOD FOR LEARNING THE FRENCH LANGUAGE. By A. P. Huguenet. New edition, revised and enlarged by H. J. Weintz. 510 pages. Publisht by Peter Reilly, 133 N. Thirteenth St., Philadelphia. Price, $1; postage, 10 cents.

This volume contains sixty-six lessons, consisting of four parts each, as follows: Grammar, exercises, questions and conversations, and reading exercises. Following this come various instructions, poetry, letterwriting, English-French and French-English vocabularies, and a section on French verbs. Instruction is given for the reader who is studying without a teacher. Altogether it is a very complete and practical book for a person studying French.—J. C. R.

Acknowledgments.

The following pamphlets have been received from the Mayo Clinic, Rochester, Minn.: Cholecystitis Without Stones or Jaundice in its Relation to Chronic Pancreatitis. By Wm. J. Mayo.—Recurrence of Ulcer of the Duodenum following Operation. By Wm. J. Mayo.—Accidental Injuries to the Descending Portion of the Duodenum During Removal of the Right Kidney. By Wm. J. Mayo.—Cholecystitis and the Factors that Control Results of Operation. By C. H. Mayo.—A Summing Up of the Goiter Question. By C. H. Mayo.—Factors of Safety in Intestinal Surgery. By C. H. Mayo.—The Use of Novocain as a Local Anesthetic (see April WORLD, page 160). By Donald C. Balfour.—The Advantages of the Double Resection in Certain Types of Goiter. By D. C. Balfour.—The Intercarotid Paraganglion and Its Tumors. By D. C. Balfour and Franz Wildner.—Non-Papillary Benign Tumors of the Bladder. By E. S. Judd.—A Method of Exposing the Lower End of the Ureter. By E. S. Judd.—End-Results in Operations for Cancer of the Breast.—By E. S. Judd and W. E. Sistrunk.—The Clinical and Pathologic Relationship of Simple and Exophthalmic Goiter. By H. S. Plummer.—Tumor of the Middle Cranial Fossa Involving the Gasserian Ganglion. By W. A. Plummer and G. B. New.—Decortication of the Lung for Old Empyema. By E. H. Beckman.—A Plea for Early Operation for Cancer of the Lower Lip. By E. H. Beckman.—A Study of the Pathology of the Thyroids from Cases of Toxic Non-Exophthalmic Goiter. By L. B. Wilson.—The Pathology of the Thyroid Gland in Exophthalmic Goiter. By L. B. Wilson.—Some New Stands and Cameras for Photomicrography and General Laboratory Photography. By L. B. Wilson.—A Study of the Value of the Quantitativ Estimation of Dissolved Albumin in Gastric Extracts (Wolff-Junghans' Test) in the Diagnosis of Gastric Cancer. By Frank Smithies.—Mikulicz's Disease. By Carl Fisher.—Clinical Suggestions Based Upon a Study of Primary, Secondary (Carcinoma?) and Tertiary or Migratory (Carcinoma) Epithelial Hyperplasia in the Breast. By W. C. MacCarty.—The Treatment of Ununited Fractures of the Tibia by the Transplantation of Bone. By M. S. Henderson.—Cervical Rib. By M. S. Henderson.—Radiologic Signs of Duodenal Ulcer. By R. D. Carman.—The Iodin Content of the Thyroid Gland. By E. V. Smith and A. C. Broders.—A Comparativ Study of the Effects on Blood Pressure of the Extracts and Serums of Exophthalmic Goiter and of Other Substances. By A. H. Sanford and J. M. Blackford.—A Simple Instrument for Transfusion. By B. F. McGrath.—Vascular Suture in Transfusion. By B. F. McGrath.—Chronic Gastric Ulcer and Its Relation to Gastric Carcinoma. By W. C. MacCarty and A. C. Broders.—The Frequency of Carcinoma of the Appendix. By W. C. MacCarty and B. F. McGrath.—Luetic Mediastinitis. By H. Z. Giffin.—Observations on Peptic Ulcers. By Christopher Graham.—Infections of the Renal Pelvis and Ureter. By W. F. Braasch.—Incidence and Diagnosis of Complicating Factors in Gastric and Duodenal Lesions By G. B. Eusterman.

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TRAVEL TALK

By the Editor, Dr. C. F. Taylor.

WE landed at Cuxhaven, at the mouth of the Elbe, where we took a fast train (nearly two hours) to Hamburg. I thought how inaccurate to call the port Hamburg when it is two hours' travel away. But I found, on going thru the harbor at Hamburg, that this first impression was erroneous. The stop and disembarking at Cuxhaven is merely to accommodate the passengers by providing rapid transit to Hamburg, avoiding the necessarily slow transit of the large steamer up the river.

Hamburg.

Hamburg is the real port, for in the harbor there I saw many of the large ships of the Hamburg-American line, including the one now in process of construction, not yet named, to be put in service next year, and which will be still larger than the *Vaterland,* thus taking from our ship, so soon, the distinction of being the largest ship in the world. We also saw here, in dry-dock for repairs, the largest *sailing* ship in the world. Thus Hamburg is not only a port, but a port of unusual distinction, as the above-mentioned records indicate. In amount of total tonnage it ranks third in the world—London first, New York second and Hamburg third.

Hamburg is a modern city of nearly a million; and as such it is very similar to other large modern commercial cities; so I will not give it much space here. Most of the old structures of medieval interest have been sacrificed to the march of modern commercialism. We saw whole squares where dwellings of the long ago had been recently demolisht (sanitation is said to be one of the reasons), and here modern structures will rise. One idea here depicted will cling to me, and I must mention it to you. Above the door of the Rathaus (city hall) on the inside is a clock and a group; on one side of the clock is a mother holding up a child, and on the other side is Death holding a hammer in one hand, with which he strikes the hours. The idea of Death striking the hours is thus impressivly presented. What is more dead than an hour that has passed?

European Hotels.

At once we come in contact with the European manner of managing hotels. We stopt at the Hamburger Hof, one of the leading hotels, but even this is not managed like our hotels, with the administration at the office. We deal with a man who wears an evening suit all day. He is a waiter (we take only our breakfasts at the hotel) and is in some way also responsible for the rooms. The two clerks at the office seem to have no important duties, but the desk of the indispensable "portier" is a very busy place. He does not handle baggage, like our *porters;* he is the "information bureau," and he speaks the chief modern languages. My bill is presented by, and I settle with, the waiter—the man in evening dress. It would seem that better results could be gotten, even here, by our American method of placing the administration and the finances in the office, confining waiters' duties to the dining room, etc. But Europe takes ideas from America seldom and slowly. However, some of the hotels in

Old salt warehouses at Lubeck. From the 12th century. Among the oldest buildings in Lubeck. Not now in use.

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London and even in some of the largest cities on the continent are administered at the office. It is strange that Hamburg is still "medieval" in this respect.

Lubeck.

One hour from Hamburg, and we arrive at Lubeck—and here meet the old and the new; and here the old yields stubbornly and slowly to the new. I wish I could write you pages about Lubeck. It has a charm all its own. But for its interesting and entrancing history I must refer you to literature on the Hanseatic League (found in any encyclopedia). Lubeck was the leading Hanse town; and from the 11th to the 15th century it was very powerful. The League usually met here, and its archives are in the interesting old Merienkirche here. The intimate connection of Lubeck with Hanse history is what brought me here. And our stay was all too short. Lubeck, like Bruges in Belgium, is a place to come and leisurely dream of the past. It is one of the places to which I would like to return. But this former Queen of the Baltic has unavoidably fallen behind in the modern race for supremacy. The Baltic trade is now relativly less important than formerly, and changes have come to the Baltic injurious to the old queen of trade there. Hamburg and Bremen, secondary cities when Lubeck was leader of the Hansa, have now left the old leader far behind. Hamburg and Bremen have easy outlet to the North Sea and thence to the commerce of the world; while Lubeck is relativly hemmed in—an advantage in the old piratical times, but not now. However, Lubeck is by no means dead; but she can never again reach her former supremacy. Her great port is secure in history, but Hamburg, Bremen and Kiel, former subordinate Hanse towns, are now making important history.

Kiel.

Aboard the train again, and in two hours we are in Kiel, the home of the Kaiser's navy. Across from the station we find the Hansa Hotel—a fitting name, and a satisfactory hotel—but this name should have been used in Lubeck. I wanted to reach Kiel from Hamburg via the great Kiel canal; but the passenger boats had not yet started for the season. The canal cuts directly across Holstein, joining the North Sea with the Baltic. Since its opening, about 1890, Kiel has more than trebled in population. The harbor with its war vessels and works are the chief attraction here. We did the harbor thoroly in a small boat with a guide, then took a drive about the town. Then off to Schleswig, now the quiet capital of the combined provinces, Schleswig-Holstein.

Schleswig.

These two provinces were long a bone of contention, and in 1864, by the fortunes of war, they fell to the lot of Germany, where they have remained ever since without question. Traveling by rail the entire length of this elongated province, I observed with deep interest the beautiful rolling country, kept so neatly by a people evidently very thrifty. Arriving at Schleswig, we were at once charmed with its quaintness. Here we spent Sunday; and how I did enjoy wandering thru the streets, past cottages possibly several centuries old, kept tidily, clean curtains at the windows, and blooming plants almost invariably sitting on the inside window sill. These people evidently love flowers, and they care for them with evident skill and taste. This remark applies to the poorest and humblest cottage, as well as to the places peopled by the well-to-do.

A part of Schleswig.

But oh! so cold—and the 7th of June! We have rarely been comfortably warm since we entered the North Sea on the big steamer. I got heavy woolen underwear in Hamburg, and seldom have I been out of doors without wearing my overcoat. But wherever we have been we have seen children playing on the streets with bare legs, thin garments and no coats. How I wish

(Continued over next leaf.)

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THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
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1520 Chestnut Street Philadelphia, Pa.

VOL. XXXII SEPTEMBER, 1914 No. 9

The National Antinarcotic Bill Passed.

The National Antinarcotic Bill was passed by the United States Senate on August 15th and will have to go to a conference committee of Senators and Representativs for final agreement, on account of the Senate's having made amendments to the bill after it had been passed by the House. In which event it will probably be passed by each house as agreed upon by the committee. This committee will consider the amendments added by the Senate and is expected to reach a compromise thereon. The record-keeping amendment, which we had so vigorously opposed, was stricken from the bill. The Nelson amendment, referred to in our editorials in previous issues, and the Pomerene amendment, which sought to exclude physicians from the workings of the bill, were defeated. We understand that the conferees may consider only the differences between the bill as passed by the House and as passed by the Senate; hence, no further question can arise as to the incorporation of the record provision.

Senator Harry Lane, of Oregon, who is himself a physician, wrote us a few weeks ago inquiring why physicians did not oppose section 6, which permits druggists, storekeepers and others to sell compounds containing 2 grains of opium to the ounce, etc. His letter follows:

UNITED STATES SENATE,
Committee on
Forest Reservations and the Protection of Game.
July 10, 1914.

Dr. C. F. Taylor, Editor "The Medical World," Philadelphia, Pa.:

MY DEAR DOCTOR:—I am in receipt of your letter of June 23d, inclosing copy of resolutions passed by the American Medical Editors' Association, pertaining to the Federal Harrison Antinarcotic Bill.

I note the particular reference to the Nelson amendment and I shall bear in mind your opposition to the injustice of such a provision, as I had intended doing, when the subject comes up in the Senate for attention.

I wish to call your attention to section 6 in the bill, which permits anyone to dispense solutions containing two grains of opium to the fluid-ounce, and trust that you will state whether or not the authorization of such a dosage will or will not be harmful if placed in the hands of ignorant persons. Mrs. Winslow's "soothing syrup," which was given to thousands of infants, contained that amount of opium.

To allow any fakir to sell preparations containing two grains of opium to the ounce and compel every physician to report the administration of every fraction of a grain he uses in his practise seems to me to be a discrimination and I confess it puzzles me to see you medical men indorse section 6 of the bill which is, under the circumstances, an insult to the profession. Kindly write me your opinion on that provision, and oblige. Yours very truly,

HARRY LANE, M.D.

To which we replied:

PHILADELPHIA, July 30, 1914.

Hon. Harry Lane, United States Senate, Washington, D. C.:

DEAR SIR:—Your letter addressed to Dr. Taylor at Atlantic City has just been received by us

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We sent the resolutions of the American Medical Editors' Association from Atlantic City on account of the convention having been held there, and the action taken that day. As you see, our location is in Philadelphia.

We are very glad to see the interest you take in the Harrison Antinarcotic Bill, and are highly pleased to observe that you note section 6 of that bill. You have the right idea of that section. The medical profession agreed to the compromise bill, and while they considered this section wrong, however, ceased their opposition to it inasmuch as they have accepted it in the compromise. This, however, of course, does not make the section just or right, as you, yourself, have discovered without our aid.

If there is anything further on the subject that you would care to hear from us about, we would be glad to write you at any time.

Very truly yours,
THE MEDICAL WORLD.

Dictated by J. C. Rommel, M.D.

We see by the newspaper accounts of the Senate proceedings that Senator Lane did oppose the section above referred to.

Presuming that the bill will become a law, taking effect October 1st next, we hope the medical profession thruout the country will endeavor to keep the provisions of the bill and lend their assistance in stamping out the drug habit.

Druggists' Pure (?) Drugs.

Martin I. Wilbert, of the U. S. P. H. S., should be a pretty good authority on drugs, as he is the Assistant in Pharmacology of the Hygienic Laboratory of that service. From a paper by Mr. Wilbert, publisht in the *Public Health Reports*, we glean the following information as to the quality of the drugs our kind friends desire to force upon us.

He gives reports made by the Food and Drug Commissioner of Tennessee, on 10,524 samples of 26 official drugs examined. Of these, 3,288, or 31.2% were rejected. The proportions of rejections varied from 78.1% of asafetida to 7.5% of oliv oil; with 42.8% of belladonna tincture, 52.7% spirit of camphor, 32.2% ferric chlorid tincture, 48.1% iodin tincture, 49.6% laudanum, 32.9% paregoric, 22.4% Fowler's solution, and 55.1% sweet spirit of niter.

We thus see that the gentlemen who claim the exclusiv right to furnish our patients the drugs we prescribe are apt to dispense reliable belladonna in more than half the cases, assuage the babies' pangs with paregoric twice out of three times, ease pains with laudanum every other time, give the right dose of a poison like arsenic nearly four times out of five, etc.

Yet, why not? The less satisfactory our services prove to the patient, the more likely will he be to resort to the druggist, who can assure him that, being a member of the A. D. S., he has the supervision of so many doctors' prescriptions that he is sure to have the best remedy himself. Since he also has the legal right to prescribe he can easily beat us out by furnishing drugs on our orders so poor that they must fail.

Meanwhile the physicians of Brooklyn have devised and put in execution an admirable plan to meet the exigency. About one-eighth of their number, or over 250 physicians, have formed a company for the preparation and dispensing of their drugs. So great has been their success that five similar companies have been formed, and the druggists of the City of Churches are up in the air. They are appealing to the ancient and obsolete code of ethics, which forbade physicians of other days and different conditions entering into the sale of the drugs they used in practise, and by resurrecting the ghost of this defunct rule try to drive the doctor back within reach of the Syndicate.

The plan seems good. The doctor has no time to mix drugs; he dare not entrust his professional reputation to the men who assume toward him the attitude of rancorous hostility depicted in Mr. Englehard's journal and addresses. Quality of drugs is so all-important to the doctor that he dare not delegate the matter to an enemy. Consequently a number unite to stock a pharmacy and engage competent men to operate it under the doctors' direction. Excellent.

As a sample of the unblushing effrontery shown by the fighting wing of the retailers, take their recent claim that the dispensing doctors use cheap and inferior drugs. Really, these gentlemen are wasting valuable resources by not going into the manufacture of soap—the production of concentrated alkali by them seems limitless. Pray, who forced on the druggists the stocking with expensiv articles, where quality was exclusivly sought and competition in low prices disdained? Why did the older surgeons assert that the man who employed any but Squibb's anesthetics was responsible for the patient's death if that followed? Yet the prices of these were many times greater than those of other houses. Who is the real judge of the quality of drugs, and most directly affected by poor quality, if not the doctor?

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But really it is not worth while to seriously discuss such absurdities. Legislators are surely not devoid of horse sense, and cannot be much influenced by such glaring falsehoods.

Are Laboratory Tests Advisable in Diagnosis?

The question frequently arises with the physician whether he will resort to the scientific laboratory aids in the diagnosis of the ailments of his patients. The tendency too frequently is to slight these methods and rely on bedside observation alone. Many expert d'agnoses have been made without the laboratory aids and undoubtedly many more will be made in the future. The well-trained, experienced doctor is very often enabled to make a diagnosis where laboratory methods alone would fail. Just such an instance occurred to our knowledge and is mentioned in the March WORLD, page 93.

The physician there referred to had, in his first attack of abdom'nal pain, been examined by some of the best and most expert laboratory diagnosticians, but no laboratory test disclosed the cause of his ailment. With this history in view, we made a bedside examination and diagnosed intestinal atony. So far as we know, there is no laboratory or other test that would be a certain diagnosis for this condition. Indican in the urin might lead one to suppose that intestinal activity was below normal, but it might be due to deficient secretion of digestiv ferments. Bismuth and the x-ray might show deficient intestinal motility. The physician we alluded to had gone thru all the laboratory tests to no avail. So that we can reiterate that physical diagnosis is a very useful art. It is an art, however, that requires years to perfect, for past experiences are a very great help in the practise of medicin.

But while personal observation counts for much in this field of endeavor, the laboratory tests are real aids also. The demonstration of a leucocytosis by the blood-counting apparatus very frequently shows the presence of pus that was not before suspected. This may then point the way to the use of vaccines to destroy the infecting micro-organism or the need of a surgical operation for appendicitis, gall-bladder abscess, or abscess in some other situation, or it may call for the use of both methods.

Both the laboratory methods and physical diagnosis are necessary in every-day practise, neither alone sufficing. As an instance, we will mention the case of a young woman sent to us from a town some distance from Philadelphia. She had "lost her voice" some months before. She said she was well in al other respects, her former physicians having stated that her lungs were all right. Upon examination we found both vocal cords eroded; so much, indeed, that there was a wide interval at the eroded points. Upon examining the chest the left lung was found to be consolidated with tuberculosis and did not expand the least on forced inspiration. To cap the climax, the von Pirquet test gave an exceptionally large positiv reaction. Had either of her former physicians used the von Pirquet test alone he would have diagnosed the malady as tuberculosis immediately. The patient, against her wishes, was sent to the State Tuberculosis Sanatorium at Mont Alto, Penna., and returned home ten months later, weighing 48 pounds more than when she went there, the disease arrested and speech restored.

The patient wanted to remain at home and be treated, but we felt she would be better off at the sanatorium and insisted on her going. This we think is the proper course to pursue, seeing that the patient gets the best there is at a good sanatorium, altho the doctor may lose a paying patient for the time being.

On the contrary, this patient s cousin later came to us with a presumptiv diagnosis of tuberculosis and poss ble demise within a year or two. This was predicated on the fact that her two sisters had died of tuberculosis five and seven years before, respectivly. The patient was psychically deprest by the thought (not fear) of unavoidable death in about a year's time. Her main symptom was a slight cough, which, upon examination, was found to be due to a chronic pharyngitis. Both lungs were normal, but did not expand sufficiently in breathing. Her nervous and mental state was decidedly asthenic. The von Pirquet reaction was negativ. Had her former physician tried the von Pirquet test he would have been able to exclude tuberculosis. She was subject to severe dysmenorrhea. For the latter she was given 5 grains of mammogen and 5 grains of dried corpus luteum, three times a day and for the first time for years she had no pain during menstruation, tho the premenstrual pain was present.

Physicians may and do get along in a

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great many cases without biologic reactions, x-ray photography, microscopic examinations, urinalyses, blood counting, bacteriologic and ophthalmoscopic examinations, etc., but, as a rule, they will get along much better with them. They will oftentimes be the deciding factor in a diagnosis. As Dr. B. G. R. Williams said in THE WORLD some time ago, the patient is entitled to medicin's best. You can do your best only when you use all the means to be had.

Syphilis.

One of the most valuable papers on the treatment of syphilis that has appeared recently is that of Surgeon Stimpson, in the *Public Health Reports*. In this paper the author compiles data on the treatment of 699 cases without salvarsan, and 430 cases with this or neosalvarsan. The average time spent in hospital by the first group was 29.04 days; by the second group 13.31 days. Great variations were shown, the two cases treated with salvarsan at Cleveland remaining in the hospital but 1½ days each, while of the four cases in the Honolulu institution the average stay was 53.50 days.

One of the most important reports was that from the Boston hospital. Here neosalvarsan was preferred, as salvarsan required a larger dose, induced severe reaction, took longer to prepare, and possibly exerted a deleterious effect on the walls of the blood vessels, due to undissolved arsenic. Neosalvarsan is readily soluble, requires but 40 c.c. distilled water, and is not followed by the distressing headache, vomiting, diarrhea, etc., of the older preparation.

A very interesting account is given of the use of this remedy in cases showing mental and cerebrospinal phenomena. One of the patients was unable to control his bladder and rectum, was mentally confused, etc. Another was a fighting maniac, filthy in habits, and both showed negativly to the usual Wassermann tests. Lumbar punctures were made and the spinal fluid afforded positiv Wassermanns. The intravenous administration of salvarsan did not result favorably and the following method was adopted: Inject intravenously 0.9 neosalvarsan. Withdraw 50 c.c. blood an hour later. Centrifuge, removing 12 c.c. serum. Add 18 c.c. normal saline solution. Heat to 56° C. for half an hour. Place on ice. Warm before using; withdraw 12 to 15 c.c. spinal fluid; reinject the 30 c.c. of mixture slowly.

The results were complete recovery from physical conditions and mental derangement. The statement is made that neosalvarsan injected intravenously does not reach the subarachnoid space and consequently the concomitant destruction of brain and cord by the spirochete and toxins is not prevented.

There is still a wide divergence in views as to the advisability of administering mercury in cases treated by salvarsan. This is to be expected in view of the corresponding divergence in the views of the action of mercury and the method of its administration. Some men seem to think that this metal exerts a magical power, and all that is necessary is to touch it to the patient and, presto, he is cured.

The correct analogy is the use of water to extinguish a fire. Put out all but a little, and the conflagration will renew. Keep busy until there is not one spark left, and the fire is out.

The germs of syphilis are to be found in the distinctivly syphilitic tissues. These are peculiar in the facility with which they fall into spontaneous decay; consequently they are more vulnerable than the normal tissue elements. Mercury induces destruction of the tissues, but attacks the weaker syphilitic tissues before it does the normal cells. Our task is to ascertain how much mercury the patient can take without affecting the normal elements.

Give the chosen preparation in constantly increasing doses until the first evidences of salivation appear; then slightly reduce the daily doses until these subside; and continue indefinitly—that is, until all manifestations of the malady have subsided for at least two months, when a Wassermann should prove negativ. In the absence of any cerebrospinal manifestations it will be unnecessary to test the spinal fluid.

Thus administered, mercury is curativ, and rarely has to be continued more than a year. It is better to use it alone, reserving iodin for cases that cannot endure mercury or for the periods when from incautious handling toxic symptoms appear and the metal must be suspended.

Careful study of the reports seems to indicate that, used in this way, mercury is a valuable addition to the salvarsan treatment. Yet there is no gainsaying the inestimable value of the latter; and it is no detraction to claim the possibility of another remedy be-

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ing of value as an adjuvant, shortening the time of complete cure, or rendering the arsenic more thoro in eradicating the spirochete. Neither salvarsan nor any other form of arsenic is known or even claimed to possess the power of dissolving tissues, and if mercury can melt down the defenses behind which the parasites are intrenched so that the arsenic can get at them, it is of distinct importance.

The Doctor's Health.

As an exponent of right living and health the doctor needs to take care of his own physical state. Few people think and fewer care about the inconvenience, annoyance and loss of sleep caused the doctor by unnecessary night calls. He is expected to come when he is called, the matter of remuneration not entering into the question at all with some people. In fact, there are some persons in all our communities with so little regard for justice that they will call on the physician for service while harboring no intention of paying him. And if he refuses to call, they will even, at times, use brute force or do murder, as recently happened in Illinois.

The doctor's own personal side of the subject receives no consideration at their hands. Should he overwork and become sick such people as we here refer to would manifest no interest in his recovery. There are other doctors to victimize; so why should they worry?

We know of a young practician starting out and speaking to an older physician of his hopes. The latter told him his chances for an income were very slight for awhile, which very much surprised him. "Why, how will I live?" he askt. Then he was told, "The people don't care anything about you." This is literally true of young physicians, who have not had the opportunity to make any firm friends by aiding any person taken suddenly and severely ill. The young doctor sits quietly in his office and nobody in his neighborhood or who passes his office and reads his sign cares aught for him or whether he lives or dies.

Later, when he has become establisht in practise he has the worthless to tax his patience and labors. Meanwhile, should his health fail, he has to look out for himself; nobody else will do it for him.

We knew a physician dying of tuberculosis who said that there were a number of people whom he wisht would not come up his steps, but there were many others whom he would gladly treat day or night. We all have a number of good people in our clientele to whom it is a pleasure to treat, which gladdens the heart and lightens the burden of practise.

Dr. Summers, in this issue, contributes an article dealing with his care of himself, now ill with a chronic incurable disease, brought on in his labors for the cure of suffering humanity. Many physicians are victims to disease as a result of following assiduously their duties to their fellow-men. Let us hope that Dr. Summers' patients evince some solicitude for his welfare. It is almost unbelievable that the persons for whom a doctor gives his life and health would forsake him when he is ill.

The physicians must take better care of their own health. When their practise gets too large or too onerous, they should divide it with somebody. Send your excess patients to the new doctor, who needs them, and thus lighten your own burden.

It is of little value to you to get an enormous practise, overwork yourself, and die young. The physician leading the strenuous life must pay the penalty, sooner or later.

Another thing that the man with the big practise must contend with is unpaid bills. He has not time to do bookkeeping, and so his accounts accumulate. When he dies the bills are not collected. If his collections have always been the same, he leaves his family in want. The proper way is to keep all accounts promptly paid up, so that there are no large amounts of money due from anybody. It is easier for your patients to pay small bills than large ones. We have heretofore advocated the use of promissory notes as a means of securing the money due, and in all cases where you cannot get the money immediately you should get promissory notes. But first, last and all the time, take care of your health.

Seeing Yellow.

The world looks yellow to him who has taken santonin. The world is blue to the man who wears blue glasses. But of all those who see yellow and blue, none compares with the man who is studying sexual abnormalities. He is mentally jaundiced. Everybody is abnormal; every action has an evil significance.

Listen to this study of the girls in a convent school, by Victor Mercante:

There is usually a predisposition to romanticism and mysticism. "In the play-

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room the girls observed the strictest etiquette, and, the discipline being maintained independent of oversight by teachers, a good impression was created; but he could hardly believe that the decorum was more than fictitious." Rather hard to convince, wasn't he? Not detecting any evil, he considered it hidden.

Later the girls were found in pairs or small groups, arm in arm or holding hands. "Of what were they speaking? It could be surmised. In spite of the spiritual and feminin character of these unions, one element was activ, the other passiv. One takes the initiativ, she commands, she cares for, she offers, she gives, she makes decisions, she considers the present, she imagines the future, she smoothes over difficulties, gives encouragement and inspiration to her companion. The other obeys, accepts, is docile, gives way in matters of dispute, and expresses her affection with sweet words and promises of love and submission. The atmosphere of the hall, formal with etiquette, was charged with jealousy, squabbles, desires, illusions, dreams and lamentations. Mansion of unrest, house of sadness, indeed, because unhappy are they who love in the domain of *Anomalia*."

For the love of Mike! What do they expect of the poor girls, anyhow? Start with the determination of seeing abnormality and nothing escapes. Let the girl go with male companions—a ha! With another girl—homosexuality. Alone—there is but one explanation of that! Then what is she to do?

Our girls are just girls; with the curiosity concerning sexual matters girls have always had; with the instinct of their sex to practise among themselves the endearments, the love language they dream of receiving from men; full of romanticism as they should be. Girl friendships are charming, and naturally a strong disposition is moved to care for and protect a weaker one; just as is the case with the strong man to whom feminin weakness appeals. We do not doubt for a moment that many of the girls would be the better for an occasional application of mother's slipper, and we have known a few mothers to whom the same treatment would not have been amiss. But, as a rule, with few exceptions our girls are clean, wholesome, innocent, free from all knowledge of evil other than the instincts natural to the young animal. The conditions apparent to men like Mercante exist only in the jaundiced mind of the observer.

One thought more—if Signor Mercante will only tag those girls whom he describes as "obeying, accepting, and docile," we would like to have their addresses for a number of hen-peckt men.

THE MEDICAL MONTH.

More than 44,000,000 Red Cross Christmas seals were sold last December, and $440,000 was netted for antituberculosis work in various parts of the United States. The sale in 1913 is a gain of 4,000,000 seals over 1912, or 10%. It is hoped that this year the 50,000,000 mark will be reacht.

The Wellcome Historical Medical Museum is now open at 54a Wigmore Street, London, Eng. Medical visitors to the metropolis are urged to examin its collections.

Fifteen thousand folders announcing a Health Department contest in the writing of essays on "The Dangers of the House Fly" were distributed in the public schools of Norfolk, Va., May 27th.

Pennsylvania's state-wide plan of tuberculosis dispensaries will be duplicated in the world's metropolis, London.

At the meeting of the Association of Life Insurance presidents, held in New York City June 5th, Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, presented figures showing that while the death-rate thruout the country has been lowered, the amount of illness has not been lessened to any appreciable degree. He estimates that the annual losses from preventable illness in the United States is $1,000,000,000 annually. The next twenty years must see our efforts directed to the control of disease and for this reason he urged the passage of a bill drafted by the state health officers at a conference in 1913 to insure complete reports of diseases. It was urged that the life insurance companies should assist by having this bill put on the statute books of the states by co-operating with committees appointed for the purpose by the American Medical Association and the American Public Health Association.

Illinois' health board now makes the Wassermann and diphtheria tests without cost for doctors' poor patients.

"The tango foot" is the name of a new disease discovered by Dr. Boehme, and reported in the *Klinisch Therapeutische Wochenschrift* of May 31st. He asserts that it is the basis of a large number of cases of professional dancers, both men and women, which have come to his attention in the last few months, and that the strange affections of the muscles of the leg are undoubtedly due to tango dancing. The symptoms show that the malady is distinct from rheumatism and can be due only to a special strain placed upon and stretching the muscles of the foot and toes, incidental to the tango. The patient usually awakes with a dull pain, which seems to be located in the front and lower part of the calf. In the course of the next few days it comes in increasing intensity, and the bending of the foot becomes more difficult. Stair-climbing, and especially stair-descending, are particularly painful.

Plans to investigate the feeble-minded in the State of Virginia, authorized by the last General

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Assembly, were discust by the State Board of Charities and Corrections at its meeting, May 14th. The legislativ appropriation provides $3,000 for two years, and the board is directed fully to investigate, determin plans for remedy, and to report to the next General Assembly. The investigation will first deal with feeble mentality and the criminal population, to establish the relation between criminality and feeble-mindedness; it will then turn on feeble-mindedness in the community, and will finally take up the solution of the problem either by segregation or by confinement in institutions.

Saloons were forbidden at Providence, R. I., May 27th, to display the baseball scores on their premises. The order was issued by the Police Commission to keep children out of the saloons. Many complaints had been received that minors had been permitted to enter the saloons to see the scores.

The Danes of Chicago, Ill., at a meeting adopted a resolution endorsed by the Danish National Committee requesting that a memorial tablet to Dr. Christian Fenger, noted surgeon and pathologist in that city, be placed in the new County Hospital.

That the importance of a thoro knowledge of the nervous system is being ignored to a dangerous, even alarming, extent by many of the foremost medical colleges of the country was the emphatic assertion of Dr. W. W. Graves, of St. Louis, before the section on nervous and mental diseases at the recent meeting in Atlantic City of the American Medical Association.

Dr. Jacques Loeb, of the Rockefeller Institute for Medical Research, has been elected correspondent of the French Academy of Science, in the section of anatomy and zoölogy, to succeed the late Lord Avebury.

The new French National Congress includes 55 physicians. Wonder how many confrères represent us at Washington?

Further unfavorable reports on the Friedmann tuberculosis remedy appear in German exchanges.

The foundation for one of the greatest hospitals and medical schools in the world was laid for St. Louis University in the will of James Campbell, utility magnate, filed in that city June 16th. The entire estate, valued at between $35,000,000 and $40,000,000, eventually goes to the university for a hospital for the care of "sick and injured persons" and the "promotion of the sciences of medicin and surgery."

The hospitals and other charitable institutions of Philadelphia and suburbs receive the $2,000,000 estate of the late Elizabeth Swift Shippen.

The degree of Doctor of Laws was conferred by Yale University at its 214th commencement at New Haven, Conn., June 17th, upon Surgeon-General William Crawford Gorgas, chief sanitary officer of the Panama Canal.

The Wisconsin Supreme Court on July 17th sustained the so-called Wisconsin "eugenics" law, which provides that couples intending to marry must, in order to obtain a license, present certificates from physicians stating that they are physically fit. The Supreme Court thus reverses the decision of the lower court, which had held that the law was unconstitutional.

The U. S. supreme court recently held constitutional the statute compelling vaccination. Now, what will the rabid antis do?

The American Medico-Psychologic Association, at its annual convention at Baltimore refused to go on record as favoring eugenic marriage laws. The resolution adopted by the council of the Association recommending the enactment of laws requiring a clean bill of health and evidence of a normal mind before the issuance of a marriage license was tabled by a large majority.

The Wistar Institute of Anatomy in Philadelphia, an institution which is not only serving to promote research along broad lines of biology, but also functioning as a clearing house in matters of scientific publication, etc., has added another to its useful activities by establishing a department for what might be called the publication of original models. The institute will receive original anatomic models, produce as many replicas as may be subscribed for and distribute them for the actual cost of production.—*Jr. A. M. A.*, June 13, 1914.

The noted obstetrician and gynecologist, Dr. Simon Marx, of New York, who first laid down scientific principles for the practical use of the baby incubator, died in that city, June 16th.

According to a special cable dispatch to the Philadelphia *Ledger*, "I'm going to surprise you," said Professor Tuffier at Paris, May 27th, when introducing to his colleagues at the Academy of Medicin, "a person wrapt in ample garments in such a manner that age and sex could not be guessed." Removing the bandages from the head and chest, he revealed a sturdy individual with a thick black beard reaching to the waist, but the personage was really a woman who possessed all the feminine attributes until the age of 40, when she began to assume a masculine aspect, owing to what Professor Tuffier termed "an extraordinary hypertrophy of the cerebrated glands." In addition to a beard she has developt muscles like a boxer.

The phonograf discoursing talk and melodies in the operating room, to distract the patient's attention, is the latest device. Dr. E. O. Kane, of Kane, Pa., gives details in a June issue of the *Journal of the American Medical Association.*

The National Association for the Study of Epilepsy held a meeting, at which a campaign for the establishment of colonies of epileptics in every state was launched. "The fact that there is one epileptic to every 400 population, making 230,000 so affected in this country, while we are only caring for 7,000, shows the great need of such a campaign," said William C. Graves, of Chicago, the president.

Dr. D. Winton Dunn, formerly mayor of Duquoin, Ill., was shot six times by a coal miner, June 6th, and died as a result of his wounds while being taken to a hospital in St. Louis. The murderer is said to have stated his reason for the act was he owed Dr. Dunn a bill for professional services, and that Dr. Dunn had refused to make further calls until the bill was paid. Just one more argument for more rigid business methods by practicians.

A site of 230 acres has been acquired for the Saskatchewan, Canada, sanatorium for tuberculosis at Fort Qu'Appelle, and construction work on the buildings has been recommenced.

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The late Harris C. Fahnestock, of New York City, left $500,000 to hospitals and other public charities there.

In July of last year a convalescent home was opened at Sharon, Conn., intended exclusivly for patients suffering from heart disease or convalescing from acute attacks. In connection with this institution there is establisht a trade school for cardiac convalescents. The object of this philanthropic work is to provide an industry whereby these convalescents may earn a living, without incurring grave risk. Each workman is graded in accordance with the amount of work he may safely do, and this is increast as the crippled heart recovers. Rest rooms are provided, and there is constant medical supervision. The industry establisht at Sharon is the making of concrete flower pots.

The General Education Board, which administers the John D. Rockefeller fund, at New York, May 27th announced appropriations totaling $1,400,000 to universities and colleges. Among these are Stevens Institute of Technology, Hoboken, N. J., $250,000; Elmira College, Elmira, N. Y., $100,000; Hendrix College, Conway, Ark., $100,000; Washington and Lee University, Lexington, Va., $100,000; Wells College, Aurora, N. Y., $100,000, and Wofford College, Spartanburg, S. C., $33,000.

Five hundred thousand dollars was appropriated to the medical department of Yale University to enable the university to gain complete educational control of the New Haven Hospital and to install full-time clinical teaching in the main medical and surgical departments.

The twenty-fifth anniversary of the opening of Johns Hopkins Hospital, Baltimore, will be celebrated with appropriate exercises the first week in October.

Sir William Osler, regius professor of medicin at Oxford University, has been elected foreign associate of the Paris Academy of Medicin.

A new method of treating tuberculosis of the skin was described by Dr. M. L. Heidingsfeld, of Cincinnati, before the section on dermatology of the American Medical Association at the recent Atlantic City meeting. Pure trichloracetic acid is applied full strength on the nodules in the skin every seven or eight days for several weeks.

Ten patients in three families at Erlanger, Chattanooga, suffered from a form of dysentery which was found after considerable investigation to be due to the bacillus of Shiga. This infection is unusual in this climate, but is frequent in tropical countries and is fatal in from 7 to 20% of cases. The diagnosis was confirmed by experts.

According to correspondence in the Philadelphia *Ledger*, from Milan, after many experiments on animals, a chemist at Siena named Partini, claims to have discovered a new method of permanently preserving the human body in perfect condition after death. He is now exhibiting the corpse of a man of thirty, which has been left lying in the open air for four months after treatment. The body is just as it was at the time of death, even the eyes remaining unaltered.

Four conventions of nurses, 6,000 in number, will hold their triennial sessions at the coming Exposition at San Francisco; the International Association of Nurses, representing fifteen foreign nations, the American Nurses' Association. with 22,000 members; the National League of Nurse Education, numbering 12,000 members, chiefly educators and superintendents of training institutes; the Organization of Public Health Nurses, with an equal number of members, whose labors have to do particularly with public health, tuberculosis, settlement work, social service and the like; and finally the California State Nurses' Association, which will act the part of hostesses to the foreign contingent.

Havana, Cuba, is successfully coping, by modern sanitary methods, with a localized outbreak of the plague. Spanish clerks in a sugar refinery are the victims up to date.

For a new private pavilion for the Royal Victoria Hospital, Montreal, Canada, a few thousand dollars has been collected. Mr. J. K. L. Ross will bear the balance of the cost, between $250,000 and $300,000, as a tribute to the memory of his late father. Drs. Walter W. Chipman and George E. Armstrong, feeling the need for the pavilion, had each contributed $1,000.

The latest new periodical on the science of eugenics is the *Archiv für Frauenkunde und Eugenik*, founded by Dr. Max Hirsch, of Berlin, and issued by the Kabitsch publishing house at Würzburg.

Sulfurized pure sheet and sponge rubber is now successfully used for grafts and to prevent adhesions.

Portland, Ore., now has twenty acres of land, valued at $100,000, donated as a site for the campus and buildings of the Medical School of the University of Portland, by the Oregon-Washington R. R. & N. Co.

One of the leading orthopedists of Germany, Prof. G. Joachimsthal, of Berlin, died recently, aged 50. He founded in 1900 a private clinic for orthopedic surgery. Since Hoffa's death, in 1908, he has been chief of the university clinic for orthopedic surgery, and has written extensivly on this specialty.

The seventh international gathering to discuss the medical aspects of electrology and radiology met this year at Lyons, France, July 27-31, with Professor Renaut in the chair. Among the seven addresses was one by Lumière, of color photography fame, on the action of Roentgen rays on the photographic plate; one on clinical electrocardiography by Nicolai, of Berlin, and Vaquez and Bordet, of Paris. Schnee will discuss ionotherapy, and Doumer the action of high-frequency electric currents on surgical tuberculosis, while Falta, of Vienna, and Sommer, of Zurich, will discuss radium.

Medical societies everywhere should take this stand: At its regular meeting, March 14th, the Gallatin County Medical Society adopted resolutions deprecating the attempts of the periodical *Life* to hinder and prevent research by false and overdrawn illustrations, and endorsed the work of *Puck*, which is endeavoring to counteract these attempts.

A committee has been appointed to raise $500,000 for St. Luke's Hospital, Cleveland. The money will be used to liquidate an indebtedness of $100,000 and to erect additional buildings for the institution, including a new power house and service building.

Travel will not be interrupted by the plague in Havana.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Treatment of Pellagra.

EDITOR MEDICAL WORLD:—Relativ to your reply in August WORLD, page 331, to Dr. J. M. Hauk, regarding pellagra, I would say that I have been surprised for some time that so little was said about the disease in your very practical journal.

The cases described by Dr. Hauk are undoubtedly cases of pellagra. If he will carefully watch all patients presenting a symmetric erythema on the back of the hands, the neck or other places exposed to the heat and light of the sun, he will soon find that he has a very serious disease to treat.

Recognized in North Carolina.

R. H. Bellamy, of Wi'mington, and J. B. Wright, of Lincolnton, were the first physicians in North Carolina to recognize pellagra, but to Dr. E. J. Wood, of Wilmington, a relativ and intimate friend of Dr. Bellamy, belongs the honor of bringing the subject to the attention of the profession in North Carolina. D. Appleton & Co., of New York, publisht a book by Dr. Wood in 1912, entitled "Treatise on Pellagra for the General Practician," which is the best and most exhaustiv treatise on the subject that has appeared by an American author. I would recommend that Dr. Hauk secure a copy of this book and carefully read it.

My attention was first called to the subject by Dr. Wood at a meeting of the Medical Society of North Carolina at Asheville in 1909, and since that time I have seen several hundred cases. My first cases occurred soon after that meeting, and when I reported them I was ridiculed by many members of the profession, who said the disease did not exist in this locality; but I kept on finding cases, and it was not long till some of these same men began finding cases, and now we all have plenty of cases.

Etiology.

The etiology of the disease is a difficult matter to settle. We are all familiar with the maize theory, and we see things every now and then that cause us to think it has something to do with the disease, but I am doubtful about its being the only cause. Cotton-seed oil has been suggested as the cause, but there is no proof of this agent causing the disease. Some have thought that hookworms were the cause. I have often seen the two diseases in the same patient, but am convinced they are separate infections. Mosquitoes, gnats, flies, bedbugs and fleas have been thought to be the carriers of the disease, and I am almost convinced that some of these, or some other biting insect, will be found to be the infecting agent.

Treatment.

As to treatment, many drugs have been used, but with very little result. After trying them all, I have settled on atoxyl as almost a specific in the disease. This remedy was first brought to my attention by Dr. Wood, and since then I have used many hundreds of doses with very good results. It is a very valuable drug if given during the first year of the disease. It also does good in cases not seen till the second or third year, but my experience is that the damage to the nervous system in these cases is so great that the drug does not give as good results as it does in the incipiency of the disease.

The best way to give it is to administer from 5 to 7½ grains hypodermically every fourth day in the gluteal muscle. Dissolve the drug in *cold, sterilized water* and inject deeply into the muscle. Sharpe & Dohme, I think, are putting out a 5-grain tablet that is very convenient, but where I have several injections to give in the course of two or three days, I dissolve 30 grains in 3 drams of *cold, sterilized water* and put it in a dark amber-colored bottle, and inject from 30 to 45 minims of this solution every fourth day.

This solution does not keep long, but will keep two or three days if managed this way. These are large doses, but it takes large doses to do any good. Overaction of the drug should be carefully watcht for by ophthalmoscopic examination of the eye, and the first indication of its overaction

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should be a signal for withdrawing the drug. Soamin, neosalvarsan, and other preparations of arsenic may be used, but after trying them all, atoxyl has proved the best in my hands. I have several cases now improving nicely under the drug.

Atoxyl should be continued till the disease is under control, and I believe it should be given each succeeding spring to prevent a return of the trouble. In fact, I always advise the patient to report for treatment about the first of the succeeding March for the next two years. Local treatment, beyond a soothing effect, does no good. If the patient desires an ointment, I order 2 drams of ichthyol to the ounce of ungt. zinc. oxidi.

I think it would be well to hear from the readers of THE WORLD their opinions about the etiology and pathology of the disease.

K. G. AVERITT, M.D.

Cedar Creek, N. C.

[And in addition we would like to have their experiences with the treatment of the disease. The above description of treatment is good and more of the same kind would be useful.—ED.]

EDITOR MEDICAL WORLD:—Pellagra is a disease that manifests itself by symmetric skin lesions, digestiv disturbances and involvement of the nervous system.

Etiology.

The cause of pellagra is unknown, but many theories have been advanced, to soon be exploded. Indian corn, or maize, was supposed to be the cause, but people have had it who have never eaten corn in any form. The sand-fly was also supposed to have carried it, but we are still guessing. It is not a new disease, but has been in Europe for many years. There was a hospital in Italy as early as 1788 for the treatment of pellagra, with Dr. Strombe in charge. There are at present twenty-two pellagra hospitals in Italy. It is a notable fact that wherever the disease makes its appearance, there it is for a time at least considered a new disease. Pellagra is more prevalent in the Southern States than elsewhere in America, more especially in low altitudes and sandy regions. It has been estimated that there are more than 100,000 cases in the United States, and is increasing at an alarming rate. The bureau of vital statistics of North Carolina shows 1,074 deaths from pellagra in 1911, 732 in 1912, and 972 for 1913, of which it was three or four times more numerous in women than in men. While we have never been able to find a direct cause for this disease, I think that bad hygienic conditions constitute a predisposing cause. It shows a special tendency to attach itself to a victim of some chronic disease whose resistance is lowered, such as rheumatism, tuberculosis malaria, alcoholics, rachitic children, chlorotic girls, hookworm, pregnancy, poor hygiene, and other debilitating conditions.

Symptoms.

The skin manifestations form the most important symptom in the diagnosis of this disease. There is usually a pronounced symmetric erythema on the back of the hands, forearms, feet, lower third of leg, and back of the neck. These parts are more frequently involved, but it also sometimes appears on other parts of the body. I have seen several patients whose hands and feet lookt as if they had been severely sunburnt, or held in hot water for a minute, and showed a line of demarcation similar to that seen in erysipelas, which usually scale off later under treatment. The eruption in pellagra is more important than the eruption in syphilis, as a diagnostic point. The exposed parts of the body are affected fifty times more frequently than the unexposed.

Eruption in the mild cases disappears in the fall to return in the spring, usually about March. This is a feverless disease unless there be some complicating disease. One of the first indications of pellagra is a disturbance of the gastro-intestinal tract. These vary from a mild stomatitis to a great soreness of the mucous membrane of the mouth and tongue, with all grades of inflammation, which sometimes resembles scurvy so much that it has been taken for that disease. There is also quite frequently a very severe and intractable diarrhea that is not relieved by opium and the other diarrhea remedies. The course of the diarrhea is very protracted, and is only affected by systemic treatment for the pellagra, and improves as the patient improves.

There are often pronounced nervous symptoms, which vary from a slight melancholy to a complete dementia. Pellagra is easy to diagnose if it is a typical case with symmetric erythema of the exposed parts of the body, especially the backs of the hands, back and sides of the neck or face, and less frequently of the feet and lower legs, the stomatitis with a diarrhea of a

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varying degree and with the nervous depression or more severe psychic disturbance if the disease is of an advanced type.

Diagnosis.

The diseases that we confuse with pellagra are erysipelas, sunburn, eczema, sprue, and syphilis, all of which are excluded by their characteristic symptoms and tests. Pellagra is no longer regarded as entirely hopeless and incurable disease, and since it is now being treated intelligently some hope is held out to the patient. The number of recoveries in the United States under the present treatment is a little less than 75%. While the arsenic treatment of pellagra is not exactly a specific, there is no other disease in which it will produce such decidedly beneficial results as in pellagra. The prognosis in pellagra is directly affected by the improvement of general hygienic conditions, and an early diagnosis is always essential for a favorable result. The increase in weight is the best prognostic sign. It is hard to know just what to do to prevent a disease that we do not know what produces; hence, the prophylaxis is only speculativ. We should improve our hygienic surroundings and take care of our diseased patients and those of lowered vitality. Stop eating bread made of molded or damaged corn, and eat only wholesome food.

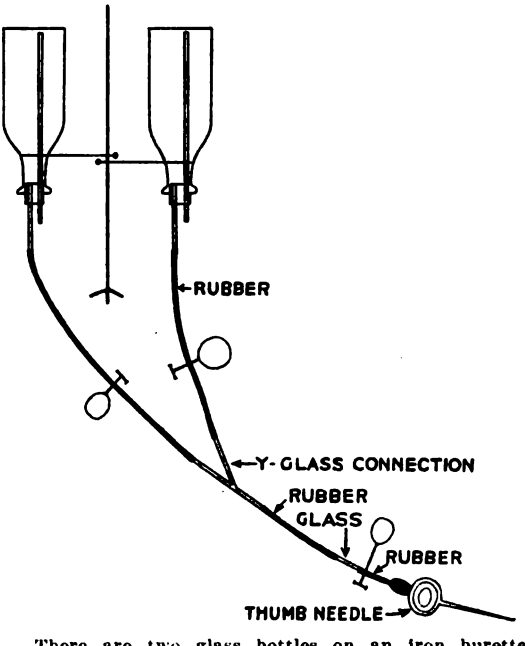
Treatment.

As pellagra occurs often in the malarial districts and is complicated with malaria, in these cases quinin influences the disease favorably. Often we put the patient under treatment and the patient recovers, and we think we have cured him, but the next spring the disease will probably break out again, or it may even skip a year and recur; hence, we should not consider our patients cured till two years have elapst without a recurrence. This two-year rule is as important as the five-year rule for recurrence of cancer. The nearest to a specific that we have for pellagra is some form of arsenic, and atoxyl given hypodermically in doses of from 5 to 7 grains every other day for three doses, then every fourth day, later increasing the interval, is usually effectiv. These large doses sometimes cause some untoward symptoms; hence the patient should be carefully watcht while under the treatment. Donovan's and Fowler's solutions sometimes give good results, especially in children. Soamin has also been used by some with favorable results. In those cases where atoxyl and soamin cannot be used because of idiosyncrasy or otherwise, sodium cacodylate should be used in 3-grain doses. Until we can find the cause of this disease, our treatment and management of these cases will be more or less unsatisfactory.

Landis, N. C. DR. B. O. EDWARDS.

Simple, Inexpensiv Apparatus and Method of Giving Salvarsan.

EDITOR MEDICAL WORLD:—I have devised and use the following apparatus for intravenous injection of salvarsan. Any physician can easily secure the materials and put it together:



There are two glass bottles on an iron burette stand held in place by iron clamps, connected with glass and rubber tubing, having three pinch cocks on the rubber and a thumb needle on the end.

Apparatus necessary: Two one-pint grape-juice bottles, 2 two-holed rubber corks, 3 feet of small glass tubing, 5 feet of rubber tubing to fit, 1 salvarsan needle (thumb needle, made by Betz, preferably), 1 filter stand with two burette holders, 1 small glass funnel, 1 fifty cubic centimeter glass-stoppered graduated cylinder, and 1 two cubic centimeter pipette.

The apparatus is connected up according to the accompanying diagram.

Sterilize the apparatus by *boiling* in distilled water for ten minutes. Nearly fill one bottle with freshly distilled water and

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the other with 0.75% salt solution, prepared from freshly distilled water. *Boil* these solutions in the bottles for five minutes.

When the solutions are cooled down sufficiently, pour from 20 to 30 cubic centimeters of the distilled water into the graduated cylinder and dissolve the salvarsan in it. To this add with the pipette 2 cubic centimeters of 15% sodium hydroxid solution. A precipitate is formed. Add a few more drops of the hydroxid solution until the solution is clear. Now pour out some of the steril distilled water and salt solution from the bottle until about 300 cubic centimeters remains (this can be facilitated by marking on each bottle with a file at 300 cubic centimeters). Pour the contents of the cylinder into the bottle containing the distilled water, not forgetting to shake up after the cork is inserted. Now connect up the apparatus, placing the bottles in the holders on the filter stand. The needle had better be wrapt in steril gauze during this procedure.

When a suitable vein has been selected, scrub up the field with soap and water, then tincture of iodin, followed by alcohol. Then the injection can be given. *Care must be taken to get all the air out of the tubing.* This can be easily done by first allowing the salt solution to run thru the tubing and needle, and then the salvarsan solution that is in the rubber tubing. Shut off the salvarsan solution and allow the salt solution to run. *While it is running* plunge the needle into the vein (which should be dissected up by the beginner). When the salt solution is running freely into the vein, turn in the salvarsan solution and stop the salt. Watch the salvarsan solution, and when it runs out of the bottle into the tubing turn on the salt solution and cut off the salvarsan tubing. Allow the salt solution to run for a few moments to wash out the tube and needle; then it is cut off and the needle is removed. A layer of collodion can be painted over the needle wound.

A. S. VAIDEN, M.D.

Lebanon, Va.

EDITOR MEDICAL WORLD:—Herewith inclosed please find my remittance for THE MEDICAL WORLD. It's an excellent medical journal for the busy practician. I always prefer a good monthly to a weak weekly. In this progressiv age many periodicals need "boiling down." Thousands of periodicals are, unread, consigned to the waste basket by the busy doctor. The scientific man is interested in facts, not theories. There is a time for all things, but very few men can read and digest the contents of four journals every month. I read four of them and know how they tax my time, but I always like THE MEDICAL WORLD.

Chicago, Ill. JOHN G. M. LUTTENBERGER, M.D.

Dysentery.

EDITOR MEDICAL WORLD:—Dysentery (flux, bloody flux, rectocolitis) is an acute and sometimes chronic infectious disease of the large intestins characterized pathologically by inflammation and ulceration of the mucous membrane; clinically by frequent, small, painful, mucous or bloody stools, attended by great tenseness and almost constant desire to evacuate the bowels, a fever of more or less severity, great prostration and rapid emaciation. Dysentery is one of the oldest and most widely distributed diseases the physician is called upon to treat. Altho it is regarded as a disease of the temperate or tropical zone, it has been found in Greenland, Iceland, Norway and Siberia. In fact, there is no country exempt from its ravages from the equator to the poles. It may occur either sporadically, endemically, or as an epidemic. It prevails to an alarming extent in camp and army life, but owing to better sanitary conditions the disease is becoming more rare.

Varieties.

It is divided into acute and chronic, tho some authors divide the acute into catarrhal, amebic and diphtheritic.

Chronic dysentery is merely a continuation or persistence of either of the acute types.

Etiology.

The causes of dysentery are predisposing and exciting. The predisposing are:

1. Season, the greater number of cases occurring during the late summer or early autumn months, tho it may occur at any time of the year.

2. Climate also predisposes to the disease, for while we find dysentery from the poles to the equator, it becomes more frequent and finally endemic as we approach the equator. No age is exempt; males are more frequently affected than females. Unhygienic surroundings, catarrhal conditions in the intestinal canal; as well as some of the infectious fevers, such as typhoid and the eruptiv fevers.

While these various conditions favor the development of dysentery, it is not likely that any one or all combined ever produce the disease. They simply prepare the soil favorably to the development of the germ or toxin which gives rise to the disease. The tendency of the disease to appear in epidemic form is one of the best evidences of its infectious character. It is true we

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meet with sporadic cases, yet this may be said of a number of infectious diseases.

Exciting Causes and Theories.

The Shiga bacillus is regarded by many as the distinctiv pathogenic agent, while others believe it due to a combination of micro-organisms, a number of which constantly infect the intestinal canal.

Bertrand, one of the most prominent advocates of this theory, says: "dysenteric infection is polybacteric, and not specific; the most generally accepted specific germ or toxin is the ameba coli, the germ or toxin is most likely disseminated thru drinking water."

Pathology.

The tissue changes in dysentery are quite varied, depending on the severity and form of the attack. In the acute catarrhal form, especially the sporadic, the inflammation is nearly always confined to the colon and rectum, tho in rare cases the ileum is involved. The mucous membrane becomes hyperemic, swollen, injected and bright red in color, changing to a dusky hue as sepsis increases. The whole surface is covered w th a tenacious, jellylike, bloody mucus, often mixt with a purulent material. The solitary glands become swollen and vary in size. Necrosis may result, followed by ulceration. The submucous, serous and muscular coats may become involved in the severer grades. In some cases, most frequently in children, the follicles bear the force of the attack and the disease is known as follicular dysentery. Here there is infiltration, followed by necrosis and ulceration. These ulcers may be small and separate or several may coalesce, giving rise to irregular ulcerativ patches.

In the graver forms, usually the epidemic, pseudomembranous patches form; hence the name diphtheritic dysentery.

In hot climates, where dysentery assumes the graver forms, it is known as tropical dysentery or amebic dysentery. As in the other forms, the colon and rectum are the usual seats of the trouble, and, like the other forms, the mucosa and submucosa become hyperemic and infiltrated, with subsequent ulceration.

The ameba are found in the ulcers in the coats of the bowels and in the discharges. The infection is carried to the liver thru the portal circulation and single and multiple abscesses are not of uncommon occurrence. Abscess of the lung is a less frequent result.

L. R. CRABTREE, M.D.
Akersville, Ky.

Treatment by Ipecac.

[In amebic dysentery ipecac seems to be a specific. It is given in one dose of 40 grains in pills or capsules coated with salol and keratin to prevent the ipecac from acting on the stomach. The coatings are not dissolved until they reach the intestin.

When given without these coatings ipecac administered in doses of 40 to 90 grains produces vomiting. This is followed by 2 to 3-grain doses every hour until a large black stool is passed, which is a good sign. The systemic depression resulting must be combated by the use of stimulants.

The preliminary use of ½ fluidounce of a saturated solution of Epsom salt, and 15-drop doses of dilute sulfuric acid every 2 hours and a milk diet will prevent nausea.—ED.]

Cold for Dysentery.

EDITOR MEDICAL WORLD:—Heat expands and cold contracts is a philosophic truth as old as the hills. I have often wondered that physicians are so slow in applying this principle to the treatment of disease. Not medicin alone, but every truth in nature should be applied which can be made to antagonize a pathologic condition and boost the vital forces.

It is a constant practise to apply cold to the head in brain congestion, and rightly, but how seldom do we see it applied to congestion elsewhere?

Some years ago we had in our little city an epidemic of dysentery, with many fatalities. My treatment was cleansing the alimentary canal, preferably by frequent small doses of sulfate of magnesia; then I gave an enema of acetate of lead, 1 dram to the half gallon of boiled water, and applied a rubber bag of crusht ice over the abdomen. In children or sensitiv females I directed a thin cloth beneath the rubber bag to prevent shock.

For medicin, in children, a *chalk* or *nitrate of bismuth* mixture, with enuf opiate to relieve pain and tenesmus. In adults the same, or sometimes ⅛ grain of acetate of morphin in a solution of 1 grain of acetate of lead to 1 ounce of water or ginger tea, repeated as often as needed—one to four hours apart, usually.

Under this treatment I lost only one patient, an adult—*moribund* when I was

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first called. In a few protracted cases I found a turpentine emulsion to do yeoman service.

In one notable case, a little girl of 8 years, I had as a consultant a first-class physician, who objected to the use of the ice-bag; thought we could manage the case without—had had no experience with the ice. Otherwise he agreed with my treatment. The case, despite our best endeavor, went on from bad to worse till the consultant exprest himself as hopeless; said, *"the child must die."*

I then again urged the ice, to which he no longer objected. Said, *"it would not hurt her."* I applied the icebag and in twelve hours the patient was better; in twenty-four hours out of serious danger, and finally recovered.

Palmyra, Mo. JAMES N. COONS, M.D.

Management of Chronic Interstitial Nephritis.*

EDITOR MEDICAL WORLD:—It is utterly impossible to cover the whole field which the title of this paper would indicate; and, therefore, I shall only mention a few of the more important things as they have occurred to me from observations in my own case and from the reading and research which have been carried on by me in consequence of the fact that I am myself afflicted with the disease.

I will only mention such features of the patho ogy and etiology as will furnish a foundation for the particular steps of treatment that I wish to discuss in this paper.

The leading *pathologic characteristics* are that the kidneys are contracted, there is a hyperplasia of the interstitial connectiv tissue, a narrowing of the uriniferous tubules, and a destruction or at least a disturbance of the epithelial structure of the kidneys.

The two most common and important *etiologic factors* are cold and wrong dieting—eating an improper food or too much of a proper one. Owing to the contraction, narrowing and hardening of the tubules, the excretion of the solid elements of the urin is interfered with. These products are therefore retained in the system to poison it, and the toxemias are the result.

Urea may be manufactured in abnormal amount, owing to the character of the food that is ingested, be retained, decomposed, and result in a fatal toxemia. Lime salts are retained in the blood, and deposited in the coats of the blood vessels.

This gives rise to an *atheroma*. A blood vessel—the aorta or some important vessel of the brain—is ruptured, and a fatal apoplexy is the immediate result. By reason of the hardening and contraction of the kidney structure, the capillary circulation thru the kidney is interfered with and the elasticity of the vessels being lessened or destroyed, by the atheromatous process, the labor of the heart, in order to carry on the general circulation, is greatly increast, and a hypertrophy of the left ventricle is the final result.

These complications do not obtain in every case; but one or more of them do in nearly every case at some stage of the disease, and it is one or more of these that demand the treatment that is generally given by he physician in attendance.

The cardiac hypertrophy is such a constant accompaniment of the disease that many men have come to regard it as a part of it—so much so that if they accidentally discover a hypertrophied heart, they at once look for a nephritis, or if they find a nephritis they at once look for a hypertrophied heart.

The disturbance of the kidney epithelium allows a leakage of the albuminous elements of the blood, which soon or late exercises a very deleterious effect upon the general health—constitutes a veritable drain upon the vitality of the individual, and great anemia follows.

I have said before that *cold* and *wrong dieting* are the most common causes of the disease. As an evidence that it is often caused by cold, we observe that it prevails more largely in the temperate latitudes than in either of the extremes; and it is no doubt due to the sudden and extreme changes in the atmosphere. A person is at work on a warm day, and perspiring freely, a distance from home, without an extra coat, when suddenly a cold blast from the north comes, and he is chilled thru. This causes a strong determination of blood to the internal organs; and the kidneys receiving more than their share of the burden of excretion, they become congested and inflamed. I fully believe that the trouble in my case was brought on by the exposure thru which I passed in the pursuit of my professional duties during the winter of 1911 and 1912.

In view of these statements concerning the pathology and etiology of the disease,

*Read before the Washington County (Arkansas) Medical Society.

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it is easy enuf to formulate some ru'es of a theoretic character by which a nephritic should be governed; but I must say that I do not believe that any rigid strait-jacket rule should be given. Eve·y individual is a law unto himself, and cannot be governed by the views or whims of another person; and so is each case of nephritis an individual case, having peculiar characteristics of its own. I think we should a'ways avoid *extremes* in its management, and follow a *conservativ course in all things*.

Relativ to medicin in the treatment of chronic interstitial nephritis, I will say that there is no medical treatment for an uncomplicated case that is worth the mention; and therefore I will leave it out of this paper—except to say that I am satisfied that all attempts to cure, or even benefit, the diseased processes by the use of drugs will result in disappointment and harm rather than good.

Treatment.

The treatment, or rather the management, is hygienic and dietary.

In both the hygiene and diet all extremes should be carefully avoided. The disease being so often caused by the chilling of the surface, the patient should be very carefully taught to wear sufficient *clothing* to guard against such result from exposure. Too much clothing, however, will prove to be as detrimental as too little. Moderately warm clothing, therefore, together with keeping indoors at the time of sudden and violent changes in the weather, is the proper course to pursue.

Regular and proper *bathing* is of the first importance, in order to keep the skin in proper condition to perform its part in the elimination processes, and thereby relieve the weakened kidneys of as much of the work as possible.

A certain amount of *exercise* is *necessary*, and therefore a nephri ic should lead a life of moderate activity. For that very reason I have steadfastly refused to do what quite a number of my professional brethren have advised me to do—quit general practise and only do office work. He should not labor too hard, and thereby exhaust the vital functions by fatigue; nor should he be lazy, and thereby cause a sluggish action of all the physiologic functions of the body by leading a sedentary life.

In good weather he needs the sunshine and the pure air of the outdoor life, and an occasional free sweat to open the pores of the skin. To make the matter of hygiene short, he ought to lead a natural and simple life, avoiding *all extremes*.

Because the *nitrogenous* articles of *food* produce a larger amount of urea to be excreted, and render the urin more acid, and therefore more irritating, than the hydrocarbons do, the edict has gone forth that the nephritic should abstain from eating them—especially the red meats. Now, while they perhaps do increase the amount of urea output, yet they possess great caloric value, and are very essential to the support of the animal economy. I believe that the weak, anemic individual needs the nourishment afforded by them, and will do very much better by the moderate use of them.

Acting on this view, I make it a rule to eat meat of some kind, once a day, and also one egg. In reference to meats I do not draw the line even at a good beefsteak. I have done without them for a time, and then had the amount of the urea estimated, and then have eaten them again for a period and had the estimation made again, and found very little or no difference. My assimilativ organs seem to handle this kind of food better than they do the hydrocarbons, and I feel better when I use them. Now, from my own experience, and from reading the arguments on the subject pro and con, I have come to the conclusion that the mixt diet of the ordinary simple foods usually taken by people who live well but plainly are not only not harmful, but beneficial, and constitutes the proper course of dieting.

Foods which have been cookt a second time, if protein in character, are, however, deleterious, and also foods like sausage, and game that has been "hung." Because in the delay, by-products, or products of early decomposition, are developt, with which lame kidneys cannot very easily deal. So, too, foods which are difficult of digestion, and which are delayed long in the intestinal tract, should be avoided, for the reason that they in a measure decompose, and develop toxins, the elimination of which is hard on the kidneys.

If we undertake to establish a strictly milk or salt-free diet, as is the custom of some, certain of the necessary nutritiv elements will be lacking, and the entire economy will suffer in consequence. In some cases the food balance will be lost, and you will have trouble getting it reestablisht.

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A strictly low protein diet in this form of nephritis resembles the strict non-carbohydrate diet in diabetes. Here, if the body is deprived entirely of the carbohydrates, in many cases it turns upon itself, converts fats and proteins into sugar, and in so doing produces by-products which are poisonous, and hurries its own wasting.

So my conclusion is, that in the matter of diet, we should here, as in that of hygiene, avoid all extremes, and follow a conservativ course. I hope that by so doing I can live a long time, and I don't want any of you to discourage me in the undertaking. D. C. SUMMERS, M.D.

Elm Springs, Ark.

Practical Suggestions from Reading the August WORLD.

EDITOR MEDICAL WORLD:—Your WORLD sustains its reputation as being first and last a practicians' journal, in seeking to arouse the doctors to a sense of their danger from pharmacistic encroachment. This is strictly a matter for individual action, and if each one of us were to see our representativs and enlighten them as to the vicious features of these bills, we should be doing good work. Moreover, the medical societies should pass resolutions and have them placed in the hands of the legislators. [We have suggested that our editorials be read before the various medical societies.—ED.] These men usually are possest of good sense, and merely want to know the truth and that respectable influence is back of our side. So long as they are besieged by druggists and bombarded with drug societies' resolutions, backed by the heavy purses of the patent and proprietary medicin men, they know of no other side.

Safety in Rubber Gloves.

Professor Applegate gives an excellent account of how to use the rubber glove in obstetrics. Realizing how necessary is this scrupulous antisepsis, we wonder how the millions of women ever got safely thru their labors of old. The answer s that they didn't always get thru safely. How many a precious life has been sacrificed to a little dirt! How oftener the good old family doctor who would have cheerfully given up his life for his patient has carried death to her under his finger nails!

The Sphygmomanometer and Blood Pressure.

Dr. Tuchler's article (page 314) tells us again how science is replacing the trained use of the senses and the sense with instruments of precision. Forty years ago the old doctor could tell you within a fifth degree what the fever temperature was, and by feeling the pulse, with concomitants, about as much concerning vascular tension as the sphygmomanometer tells us to-day. But this required experience and judgment; to-day the child may take the temperature, and any intelligent lay woman can use the sphygmomanometer. Many an old farmer can guess the time of day within a few minutes; a six-year-old may tell it exactly with a watch.

Veratrin.

As *the remedy for high pressure* I have long trusted my patients to veratrin. This powerful agent reduces pressure directly, and lessens the causal factors by favoring elimination thru all the emunctory channels. Insofar as the high tension may be due to the presence of irritating toxins in the blood, veratrin is the remedy especial. No matter what contributory causes may be in operation, it is well to remove this one. I give veratrin in doses of ½ milligram (1/128th grain), repeated every four, three, two or one hour, until I get the pulse exactly as I want it; then give enuf to keep the tension there. I have given veratrin thus for three years with benefit and not the slightest troublesome result. Even in weak hearts, as in the later stages of vascular disease, this remedy is useful, since in the small doses it is tonic to the cardiac muscle.

As to Norwood's veratrum, I felt exactly as Dr. Hetherlin does (page 323), until I learned to employ veratrin. Since then the certainty of the latter, its fitness for hypodermic use, and speedy action lead me to prefer it.

Apocynum.

I do not quite agree with Dr. Tuchler in his suggestion of apocynum for high pressure. This valuable drug acts as a stimulant to the vasoconstrictors, and is very useful when there is low tension, especially in the veins and capillaries—in anasarca, for instance. But it is too powerful for slight cases, and I save it for those where digitalin has begun to weaken.

Digitalin.

There is not a drug in the Pharmacopeia that requires such careful regulation of the dose by the effect on tension as does digitalis. Dujardin-Beaumetz once said

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that the fear of digitalis was the beginning of wisdom as to the treatment of heart diseases; and I fully agree. Yet it is our most valuable cardiant to those who appreciate its true uses. In my lectures I used to illustrate this by comparing the relaxt circulation to a pig's gut—try to blow thru it and you cannot; but replace it by a tin tube and you can blow thru it easily. In the one case the force is exhausted in dilating the flabby walls. Give exactly enuf digitalin to restore normal vascular tension and you have the tin tube; give more, and by contracting the arteriole outlets you increase the work of the heart by compelling it to force the blood thru a narrower orifice. Then very few realize the length of time the action of digitalis endures. In experimenting with guinea pigs, after one dosing with this drug it is months before another experiment can be made. This long-enduring effect is mainly due to the digitoxin, and is not manifested when the safer digitalin is employed—or, as it is commercially known, Germanic digitalin.

I wish to heartily second one observation of Dr. Tuchler—"acidoses and indican must be eliminated from the system if found to be present."

Sexual Debility.

Sexual debility is very common and depends on a variety of causes. Many years ago I investigated one of these men with a sound, and discovered abnormal sensitivness in the prostatic urethra. This part is the most tender of the canal, anyhow, but here it was excessiv. In fact, one of my patients had an epileptic fit when the sound reacht this region. Well, I mixt—not dissolved—30 grains of europhen—not aristol—with an ounce of chemically neutral fluid petrolatum, and, warming it, with a hard rubber uterin syringe injected a few drops into the prostatic urethra. This was repeated daily for a week or two; and the man was well. Since that time I have used this local remedy in every case of sex weakness, spermatorrhea, premature ejaculations, hypochondria, etc.; and it has done the work.

Atony of the Bladder.

Dr. Wilson (page 327) responds kindly to my request for information concerning saw palmetto. It is not exactly incontinence of which I wrote, but atony of the bladder. Salol was long my standby for bacteriuria, until hexamethylamin appeared under various names. Retention and decomposition of urin come later. Old age is very apt to manifest itself first by weakness of the bladder.

Orchitis.

Apply bismuth subnitrate mixt with water to a creamy consistence; saturate with calx sulphurata, U. S. P.; and strap with a *rubber bandage*. Never use adhesiv plaster straps—I did once—never again!

Acne.

Give arsenic sulfid, 2 milligrams (1/30th grain); strychnin arsenate, 1 milligram (1/60th grain); together, before each meal and at bedtime. Keep the bowels clear with a morning dose of sulfur and cream of tartar. Examin any resistant case for tenderness of the prostatic urethra and if present apply europhen as above advised.

Pruritus.

Give 1 centigram (1/60 grain) of pilocarpin hypodermically, three times in one week, but not again for a month. Clear the bowels and test urin for indican and sugar. Stop tea, coffee and cocoa absolutely.

Ringworm.

Apply the oleate of copper in 5% ointment in oleic acid.

Indolent Ulcers.

Apply the tablets of the Bulgarian bacillus crusht to a coarse powder. Get really activ ones.

Asthma.

Apply ice over the right pneumogastric nerve in the neck. In the interval, act on the bowels strongly until indican no longer shows in the urin. For the catarrhal element keep patient on the verge of nausea with emetin.

For Summer or Travelers' Diarrhea.

℞ Soda carbonate,
Soda sulfocarbolate, of each....1 dram
Wine of ipecac.....2 drams
Tincture of hydrastis.....6 drams
Aromatic syrup of rhubarb, to make.....6 ounces

Mix. Direct:—Adult dose, a tablespoonful every two to four hours until stools are natural in color and odor.

WILLIAM F. WAUGH, M.D.
Muskegon, Mich.

MY DEAR DR. TAYLOR:—I am taking advantage of your offer. So here's check for four years. I would not like to do without THE WORLD. It is crisp and to the point, and I can read it thru in three hours. It's like going to a good society meeting with a minimum expense. W. G. BRYMER.
Dewar, Okla.

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Sexual Impotence.

EDITOR MEDICAL WORLD:—I note in your July and August issues several interesting queries and communications regarding sexual impotence, and since what seems to me to be a most important point is not referred to, perhaps you can find space for a few words on the subject.

It seems that the relation of the internal secretions to the reproductiv function is not considered as often by general practicians as its importance warrants. The hormones of the reproductiv organs are prime factors in the regulation of the sex functions and, in addition, control many other more remote organs. In fact, the internal secretions of the testes and prostate form an important part of that indefinit but essential equilibrium which has been called the "hormone balance."

If an individual thru disease or misuse does not produce the normal quota of hormones (the hormones, it should be understood, are the activ principles of the internal secretions; those substances termed "chemical messengers" by Starling, which are produced in one organ and are carried by the blood to bring about a correlation of function between the organ producing the hormone and the organ upon which it acts), the nice balance maintained in the blood is upset and remote disturbances are likely to result. Among the most frequently noted disturbances of this character are the menstrual troubles due to thyroid disorder; but impotence seems to me to be just as decidedly hormonic in origin as any of the functional disturbances of the ductless glands. If this is so, the fundamental principles of hormone therapy, or organotherapy, surely deserve consideration, and the physician who applies this knowledge in his every-day practise cannot help seeing results made possible where failure was the rule before.

As you know, I have devoted a number of years in the attempt to facilitate the application of the immense amount of work done on this and allied subjects* in the every-day practise of medicin. In this study I have run across numerous reports of the value of hormone preparations in impotence and neurasthenic "run-down" conditions and have used a preparation called hormotone, which contains the tonic principles of the thyroid, pituitary, ovary and testis. It has given very satisfactory results in impotence due to functional troubles and seems to me to be as rational a form of treatment as one could expect to find, because the chief action of the hormones is "homostimulation," *i. e.*, they have a particular action upon the organs which correspond to those from which they were obtained, giving 1 or 2 tablets before meals.

HENRY R. HARROWER, M.D.
880 West 180th St., New York.

*In the August issue of THE WORLD (page 343) we reviewed Dr. Harrower's book, "Practical Hormone Therapy," and refer interested readers to this notice.

Senile Enuresis and Prostatitis.

[The following letter was received by Dr. W. F. Waugh in response to his inquiry in July WORLD, page 280, and by him forwarded to us.—ED.]

MY DEAR DOCTOR:—Just noticed your inquiry in THE MEDICAL WORLD *in re* "sabal serrulata," and will give you my personal provings with the homeopathic tincture.

In subacute and chronic prostatitis the gland is enlarged and there is throbbing, aching, dull pain in the prostatic region, with micturition painful and difficult. Frequently there is a yellowish discharge from the urethra, with markt weakening of the sexual powers, and at times orchialgia, orchitis and epididymitis. The testicles are wasted, with loss of sexual power, or coitus is extremely painful at the time the orgasm occurs.

I have never employed it in the treatment of enuresis, always getting excellent results with arbutin in conjunction with cantharides.

I am deeply interested in this query of yours, and if you can establish sabal serrulata in enuresis, I would thank you to write me.

H. H. REDFIELD.
253 E. Garfield Boulevard, Chicago, Ill.

Obstetrics in Country Practise.

EDITOR MEDICAL WORLD:—Perhaps there is no other branch in a general practician's work that requires as much knowledge and skill as obstetrics. In this line of work more than any other he is thrown on his own resources, the situation most frequently demanding quick and intelligent work. How often does he arrive at the lying-in chamber to find his patient in a most precarious condition. Yet I find a tendency among a good many physicians to rely too much on nature, treating the woman's condition with more or less indifference.

The Midwife in Obstetrics.

It is sad to contemplate the number of women one encounters in his practise

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who date their ill health and wreckt happiness from childbirth. Unquestionably, the greater number of these unfortunate women might have been in good health to-day had they been properly attended at the time of confinement. Certainly the doctor cannot be held responsible altogether for this state of affairs. As long as half of the women expecting to be confined engage some neighbor woman panning herself off as a midwife, when in reality she is grossly ignorant of the whole subject, the consequences will remain the same: viz., perineal tears, complete and incomplete, unrepaired; portions of the placenta retained and the trusting patient assured that everything is all right; hard labor in cases requiring instrumental delivery permitted to continue for hours, and when the physician is eventually called as a last resort he often finds the woman so exhausted that it is with greatest difficulty that he succeeds in delivering her alive, if, indeed, he is able to do so at all.

Another trouble is in the laity regarding labor as a physiologic process, and when the "child is here" they think no further attention is necessary. We frequently hear the complaint of some husband that the doctor made an extra and unnecessary trip to see his wife and charged him for it.

What should the doctor do under these circumstances? Place the responsibility where it belongs—with the patient and not with the doctor. If the physician will go to the trouble to post his clientele on the true state of affairs, he will, to a large extent, help to remedy the trouble.

I cite a few cases below that emphasize some of the points above referred to.

Case 1.—At 5 p. m. I was called by 'phone and requested to hurry as much as possible. On my arrival I found the patient attended by several women of the neighborhood, one of which was officiating as midwife. Inquiry revealed the fact that a child was born at 8 a. m., and there was much rejoicing, as usual, but after a few hours it was determined that the afterbirth had not come away, and pains had again become intense. Along about 4 p. m. the thought happened to strike one of the women that perhaps there was another child. Hence my call. The woman had become literally exhausted from her pains, which had about ceast. Upon examination I found the second child lying crosswise above the rim of the pelvis—shoulder presentation. The woman was a bad subject for anesthesia, as she had trouble with her heart. I called the husband aside and plainly stated to him that he had delayed calling a physician until his wife's condition was extremely critical and that I would not be responsible for the results, but would do what I could to save her. I succeeded in performing podalic version, delivering her of a fair-sized boy and manually removing both afterbirths, as she was too exhausted to have further pain. This done, nature began to assert herself and the pulse improved. I soon took my departure minus a fee, as no thought had been entertained of calling a doctor and no preparations made to pay same. I was extremely grateful, however, that medical knowledge and science had made it possible to save this woman.

Case 2.—I was called by husband at 11 p. m. to attend his wife in confinement. Upon my arrival I found my patient in a collapst condition. Child had arrived some time before; afterbirth was retained. This woman had bled an enormous quantity and had several smothering spells, in which she became unconscious. Prompt removal of placenta checkt hemorrhage, but in a short while, in spite of my efforts, the womb ballooned up again, and this time it seemed that the end had come, but by vigorous kneading with my left hand and fist of my right hand thrust into womb contraction was stimulated and hemorrhage again checkt. After working faithfully some time the patient rallied. I incidentally inquired as to the time the husband had been sent for assistance and found, much to my astonishment, that he had been dispatcht at 8 p. m., arriving at my office at 11 p. m., consuming three hours in traveling three miles. Question: Where was this fond husband while his wife's life hung in the balance?

Posture in Labor.

Referring to the influence posture has on the progress of labor, I have tried a simple little experiment in quite a number of cases recently which I feel confident has shortened labor considerably. Very frequently, with a normal presentation l. o. a. or r. o. a., with cervix partially or wholly dilated, the head seems to stick and the pains become short and ineffectiv. This sometimes continues several hours and is very trying to the patience of both patient and physician. This condition frequently rights itself after a long time, but sometimes necessitates the use of forceps. In occipito-anterior cases the bulk of the child lies either on the left or right side. If on left side, instruct patient to turn on right side, and *vice versa*. In many cases this simple procedure will terminate in a few minutes what otherwise might be a prolonged affair.

Greendale, Va. H. W. SMELTZER.

The Upright Obstetric Position Used in Iaska.

EDITOR MEDICAL WORLD:—In the May WORLD, pages 190–192, Dr. J. R. Smith, of Warsaw, Mo., wrote on "Posture and Other Aids in Obstetrics." It was an interesting article to me, as the Doctor described the posture used by the Indians of Alaska, and which always seemed to me to be an improvement on our more civilized methods. The Indian women kneel on the floor during labor, while the old midwife kneels behind her, clasping her around the waist just

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above the fundus uteri, pressing downward and helping her to expel, as well as supporting the back of the woman. The Indians even go the Doctor one better. They have a pole suspended from the ceiling by ropes, which is just in reach above her head. She suspends part of her weight on this during the pains, and as far as I could judge, it helps wonderfully. The Eskimo women squat, instead of kneeling like the Indians, but also have the pole, or a substitute. Women of both tribes have much less trouble than white women. In fact, I am never called unless difficulty arises, and even so in four years I have only had to use instruments on three occasions.

The main cause of trouble is adherent placenta. In nearly every case in which I have been called I have had to remove the placenta manually, tho I make it a rule to wait an hour unless otherwise indicated.

I have no definit answer as to why this is so, but thru lack of any other reason have sometimes attributed it to h. m. c., which the Doctor writes of in another part of his article. I, too, formerly used h. m. c. in every case, as my cases were all hard ones, in the Indians' judgment, and they knew every time if it was a difficult or abnormal position. Have often wondered if they also knew that the placental delivery would be hard.

The Doctor will find a number of us stimulating contractions by digital dilatation of the os, but I believe his use of the squatting posture, with the pressure applied as described, is original with him. It certainly follows natural methods as practised by a primitiv people. If he will add the pole he will have it all, and I sincerely believe he will shorten the time of delivery, and cause less discomfort to the patient. The position being awkward for the operator is the worst feature.

BRUCE H. BROWN,
Resident Physician, Nulato Hospital for Natives, U. S. Bureau of Education.
Nulato, Alaska.

Pseudocyesis.

EDITOR MEDICAL WORLD:—As an example of a queer obstetric experience I wish to report a case of mine, viz.: Mrs. R., age 36, very corpulent. Was confined in January, 1909, first child, and it was necessary to mutilate the child to complete the delivery, four doctors working on the case. Since then menses have been irregular, but she has been well otherwise. Last spring I was notified that she was expected to be confined by a certain date, and at the time specified I was summoned, and altho I had not previously had an opportunity to examin her it lookt as if there could be no doubt of her condition, as she was having typical labor pains and even had persons holding her hands to assist in the expulsiv efforts. She said she felt violent movements of the child and had felt strong movements for a long time, and that her breasts had been paining, etc., and that it was nine months since she had menstruated. Upon examination I found that she was not pregnant at all, and as she was so sure that she must be pregnant I called in counsel and finally satisfied her. When she finally became convinced her labor pains stopt and she is as well as ever.

Now it may seem incredible that anyone could be so easily fooled; but she is so large that when she really was pregnant over five years ago no difference could be noticed in her size. If she had submitted to an examination sooner I could have saved her from her pseudo labor pains, but she never doubted for a moment as to her condition.

This case shows the power of the mind over the body, and as such it has a lesson for us, even if it does seem at first thought to be absurd.

Dunlap, Ill. E. W. ZOOK, M.D.

Frequent Childbirth.

EDITOR MEDICAL WORLD:—It frequently happens in medical practise that any of us stumbles on to things quite out of the ordinary and of enuf importance to attract our attention, but which we do not regard of sufficient importance to record in a scientific way.

This being the case, I wish to report a case which came under my observation recently. Mrs. C., aged 23 years, married first at the age of 14 years; now living with her second husband. She has in this time had six living children and four miscarriages. She weighs 95 pounds. I claim this is "going some." DR. W. M. WHEELER.

Sedalia, Mo.

Castor Oil After Childbirth.

EDITOR MEDICAL WORLD:—I often wonder why doctors, in giving the directions for the management of cases following labor, advise the use of castor oil, as they say, to "clean out"—but what? I never have understood it. In 25 years of practise, with my share of obstetrical work, I have never used more than a soda and water enema (daily, if necessary), and have found it sufficient, and does not give mother or babe the colic pains. And the hot water seems to allay congestion in the rectum and thru the abdomen. Given high is preferable. A. B. WIGHTMAN, M.D.

Napa, Cal.

A New German Fake.

EDITOR MEDICAL WORLD:—It is said that the cost of postage and paper for some of our magazines exceeds their income from subscriptions. Such a condition compels high advertising rates, and the higher the rate, the worse the quality of advertisements. It appears to me that many of our lay magazines are inserting advertisements into their reading matter, among which are articles on the practise of medicin. *McClure's*, of June, 1914, is headed by an apparently nice article on painless midwifery; but upon examination it appears to me to be a hideous ad.

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Not Ordinary Deception.

If it were simply a mass of misstatements we could pass it by, but the civilized world is threatened with the childless age by the new woman's dread of childbirth.

Can Be Prevented.

The unpleasant and painful incidents of childbearing are mainly caused by rich food, lazy habits, corsets, high heels, overstudy and other habits of high life, all of which can be dispenst with by sensible people.

Painless Childbirth Natural.

Experience has taught me that any ordinary woman can have a reasonably painless childbirth, without any scopolomorphin, if she will return to the school of nature and live as God intended.

A goodly portion of Europe has been lying awake nights developing schemes to separate those easy dollars from Americans.

The French are strong on women's wearing apparel, the Swiss on scenery, Italians on art, but the Germans and Austrians work the medicin and surgery game. Countless thousands of harmful German chemicals have been sold to the American doctors for the past forty years, and the cheaper the chemical the higher the price. Most of them are made from coal tar, which a few years ago was a waste product. Notice 606 at $3.50 for six grains of arsenic, which costs ten cents for 7,000 grains.

The Article Dissected.

First.—The first untruth is that the method is new. Investigation will prove that it originated and was perfected in America.

Second.—That childbirth is painless. The pain is there just the same, only they don't remember it.

Third.—In setting the stage for the grandstand play the author has referred to the two famous men who are in a famous and ancient university. The country doctor, who is not famous outside of his own district, has no business originating anything, for it will be promptly stolen by some ethical member of the medical fraternity, who will get the advertising therefrom in a duly ethical manner.

Fourth.—Notice that the hospital wards are *specially* fitted for the work, with cement floor, tinted walls, padded door, and Morris chair, all of which, and much more, may be found in hundreds of American hospitals.

Only One Place on This Earth for Me.

Also notice that these wonders "can be secured only under *special* conditions and thru special knowledge of the use of the drugs that cause it."

In America that is called quackery.

Fifth.—The mother has her baby at 5 a. m., and at 8 a. m. of the same day sits up and holds her baby, "happy and animated," which is so carefully worded as to lead us to infer that the old-fashioned German method of lying on the back for nine days may do for America, but after taking a few doses of German scopolamin, prepared by a special German pharmacist and given by a special German doctor, in a special German ward, of a special German hospital, that the mother may get up at any time and be just as careless as the average American girl wishes to be.

Sixth.—"Is not in any way injurious to the mother." It is thoroly understood, after many years of use by American physicians, that it increases the liability to hemorrhage and to stillborn children. There are thousands of physicians in America who have used this method for many years who are better prepared to handle the American woman during confinement, because they have a better sympathy and understanding of her.

The woman who would walk from California to Freiburg in order to be confined by the specialists must be a laughing stock with those stolid German "professors," who value women by the amount of work they accomplish.

Jena Jars.

This scopolamin is such peculiar stuff that it must be made by a certain German specialist and must be kept in Jena jars. After giving us a fleeting glimpse of this wonderful knowledge and allowing us to hope that we poor readers may become such wonderful specialists, this article promptly destroys our aspirations by inferring that none but German specialists have any business giving such very complicated treatment.

The Right Dose.

Much time is spent in the psychology of introducing the subject of dose, but it all ends happily, for after the great German specialists have given the medicin 5,000 times, they finally learn that a certain dose will do nicely for all women, weak or strong, large or small, black or white, rich or poor.

Then, after telling us positivly that the childbirth is painless, the authors say on page 42, "the sleep commences, the suffering increases." It takes a Dutchman to be a real clayhead.

Not a Single Fatality

can be charged to it. Then he relates that the infant mortality of Baden was 16%; but among the twilight babies it was only 11.6%.

What American physician could practise with such a mortality? With us, the death of one mother is frequently enuf to ruin the practise of a physician. Dr. Gauss admits a mortality, with all of his wonderful advantages, of 1.3%.

I have practised medicin twenty years and never lost a mother, and I am not much at the business, either.

Those Terrible Forceps.

Then he notes an increase in the use of forceps and quotes 40% forceps deliveries; also an increase in the mortality, which he ascribes to the use of forceps. The percentage of forceps deliveries at Freiburg is carefully omitted, but it is inferred that forceps deliveries are taboo at Freiburg and that scopolomorphin does the work instead of the forceps.

Good for the Child.

He even states that scopolamin is advantageous to the child. The American people expect much of their family physician, morally, mentally and physically, and I wish to ask the American women what they think of a German physician who will write an article, or allow it to be written for him, carrying such cowardly, deceitful insinuations and such rank commercialism?

Innocent women are led to believe that there is a perfectly safe or rather highly beneficial treatment, but only at Freiburg, whereby they

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may have babies, without pain, so that they may get up from their lying-in bed within three hours and hold their babies without harming themselves.

The Remedy.

For many years I have tried to avoid buying any magazine or newspaper that advertises fakes, and until the people awake to the necessity of this method they will continue to be swindled and led around by the nose. C. L. FAIRBANKS.
Sault Ste. Marie, Mich.

[Part of the plan, apparently, of *McClure's* was the publication of a book on the subject, and the article above referred to was used to call attention to the project. Certain it is that the book is now on the market and is being announced in the McClure publications.—ED.]

Formula for the Rectifier.

EDITOR MEDICAL WORLD:—In re., "The Rectifier Solution," which is requested on page 331, August WORLD. Sodium phosfate, 1 lb., dissolved in ½ gallon to 1 gallon of water is what is used. By pouring some cheap liquid petroleum on top the evaporation of water will be prevented to a large extent; the water is all that requires renewing. I have used this for several years.
Valparaiso, Ind. G. R. DOUGLAS.

EDITOR MEDICAL WORLD:—Seeing a query concerning rectifier solution, will give you one:
1 gallon distilled water.
1 lb. ammonium phosfate crystals.
Dissolve the crystals in the water and put an equal amount in each jar of rectifier. If the aluminum poles or lead cylinders are covered with a deposit they must be cleaned, either by scraping or putting them in a 20% solution of caustic potash and leaving them for 24 hours.
Michigantown, Ind. DR. A. HAMILTON.

EDITOR MEDICAL WORLD:—In reply to Dr. Ambos will say that the solution is: 1 pound of bicarbonate of soda to 1 gallon of distilled water. It will do no harm to add a little more soda.
The electrodes should be cleaned and the solution renewed every three months to get best results. Evaporation reduces the water in cells and they will eventually dry up; besides, there is some change in the soda as a result of the electro chemical action. P. L. SCANLAN.
Prairie du Chien, Wis.

EDITOR MEDICAL WORLD:—Dr. C. L. Ambos asks as to the composition of the salts sold by some of the makers of rectifiers at a dollar for each pound package. An electrician told me to use recrystallized phosfate of sodium, and I have found it not only entirely satisfactory, but actually better. It seems to be cleaner and to have a longer life. BOARDMAN REED.
Alhambra, Los Angeles, Cal.

EDITOR MEDICAL WORLD:—In answer to Dr. C. Ludwig Ambos, New York, I may say that the composition for use in a rectifier of the kind he has, is either ordinary baking soda, 1 pound to the gallon, or phosfate of ammonia, 2 pounds to gallon, or phosfate of sodium, 2 pounds to gallon. All these give good results.
The metals composing the cells must be kept clean—and as the solution evaporates more water must be added to make up the deficiency.
While lead and aluminum give best results, the doctor can use other metals. I use for mine pieces of the proper size cut from iron sheeting the same as used for stove pipes, and get excellent results. J. S. WHEELER, M.D.
Roseville, Cal.

EDITOR MEDICAL WORLD:—In reply to Dr. C. Ludwig Ambos, August WORLD, page 331, I think if he will use Rochelle salt in his rectifier it will give him perfect satisfaction. He should use pure distilled water. The rectifier is to change the alternating current to direct current. I use in my rectifier for x-ray apparatus 2 lbs. salt to 2 gallons pure distilled water. I found this out by testing (chemically) the "powders" which the manufacturer charges $2 a pound for.

Treatment of Pellagra.

In reply to Dr. J. M. Hauk, page 331, August WORLD. Would advise that his patients have pellagra, judging from symptoms. I have treated symptomatically two or three hundred cases in the past five years.
I would advise that he isolate his cases, for I feel quite sure that in some way it is transmissible, as I have seen it go thru whole families.
As to treatment, I stop all diet that will cause any amount of body heat. Keep patient out of sunlight and stop all work.
I have obtained best results from the inhalation of ozone generated by electricity; the administration of hemaboloids arseniated, strychnin and calcium sulfid.
I have had some cases to respond beautifully to salvarsan. Neosalvarsan has been a failure with me. Psychotherapeutics plays an important part in pellagra. I would mention one other remedy for the local condition, *i. e.*, burning of feet and eruption on hands, neck and chest.

℞ Chloral hydrate.....3 vj
Camphor gum.....3 vj
Menthol.....3 iij

Rub well in mortar until solution is formed.
Sig.: Paint over parts; then massage gently for few minutes. W. FRANK ASHMORE, M.D.
906 West Whitner St., Anderson, S. C.

Collectiv Investigation on the Effects of Tobacco.

EDITOR MEDICAL WORLD:—I wish to thank you for the help your journal is to me. It seems to get one into close touch with a vast number of our profession. THE MEDICAL WORLD truly gives us an insight into the professional, business, family and personal life of many of our brethren.
In the May number I was especially interested in "Tobacco *vs.* Mental Efficiency." I have, for many years, been interested in the subject of tobacco and its effects upon the family life in way of reproduction and disease. It may be that many other physicians are as greatly interested as myself.

FAMILY HISTORY
of
.....
.....
From .....to.....

No.....
DR. R. D. A. GUNN
Oberlin, Ohio
Remarks on Family's Religion, Education, Environment, etc.

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Family History

FROM

TO

NAME

	Age if Living.	Present State of Health.	Age at Death.	Cause of Death.	Number of Sons.	Number of Daughters.	Did this Person ever use Tobacco? In What Form—Chewing, Cigar, Pipe or Cigarette? During What Years.	Did this Person ever Use Intoxicating Liquors?	Did this Person Ever Have: A Tumor.	A Cancer.	Tuberculosis.	Appendicitis.	Insanity or Epilepsy.	A Physical Deformity.	A Surgical Operation.	Number of: Unmarried Brothers.	Unmarried Sisters.	Nephews.	Nieces.
Father's Father Year of Birth.....																			
Father's Mother Year of Birth.....																			
Mother's Father Year of Birth.....																			
Mother's Mother Year of Birth.....																			
Father																			
Mother																			
Sons Living..... 1																			
2																			
3																			
4																			
5																			
6																			
Sons Dead..... 1																			
2																			
3																			
4																			
Daughters Living. 1																			
2																			
3																			
4																			
5																			
6																			
Daughters Dead.. 1																			
2																			
3																			
4																			
Number of Grandchildren Living.....																			
Number of Grandchildren Dead.....																			

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I am inclosing a record chart, which recently I have had printed, which requests certain family information. Do you think the readers of THE WORLD would assist me in securing certain data necessary to the establishing of certain facts if, after the facts have been tabulated, they should be given to your valuable journal for the benefit of all your readers?

I wish to compare at least a hundred families of tobacco users with the same number of families which have not used it. My observation has been that the children of tobacco users, where both parents used it, are not so numerous and are more liable to disease, and I wish to know whether my limited observation is a general rule. If a number of the older members of the profession, who are yet young, can give me the information of a father and mother who both used tobacco fifty or seventy-five years ago, and will trace their descendants as indicated on the record chart it will give us a great deal of valuable information.

I wish also, as far as possible, to eliminate alcoholism from this investigation, and, to begin with, would like to have our subjects non-alcoholics; but would like the alcoholic history of the children and grandchildren, as indicated on the chart.

If those physicians who are familiar with such families are willing to take the time to gather the information will write me a postal card, I will be pleased to send chart with instructions and stamped envelope. It will mean much time and work to make the data of practical use, but I hope you have a hundred readers who will be so interested they will give of their valuable time for this purpose.

Any physician, or others interested, having growing children or grandchildren and who wishes them to have the literature which does not advertise tobacco or alcohol will receive a list of all the best papers and magazines which do not carry degrading and destructiv advertising by sending 10 cents, in money or stamps, to cover printing and postage.

Should this "chart" interest you and you can make use of this letter in any way, or can assist in getting this data, I will greatly appreciate your assistance. R. D. A. GUNN.

Oberlin, Ohio.

[We feel quite certain that more than a hundred of our readers will assist you in investigating the effects of tobacco on the human family. We are equally certain that the results obtained will be of great value. Anything that is deleterious to the human race deserves the attention of the medical profession, and we will be pleased to print the conclusions and material you gather.

On the reverse of the chart is printed the caption shown at bottom of page 368, which makes them easily arranged alphabetically.—ED.]

Harrington's Solution Not Used by the Mayos.

EDITOR MEDICAL WORLD:—The article on page 327 of August WORLD, "Harrington's Solution," by Dr. C. Smith, is wrong in the statement that the Mayos use it. I do not think it has been used in that clinic for three years. The only preparation the patient gets the morning of the operation is swabbing the site of the operation with tincture of iodin, about 5%. I have not been to the clinic for a year, but feel sure they are not going back to Harrington's solution.

Soldier, Iowa. E. C. JUNGER, M.D.

There'll Be No Bill Collectors There.

There will be no bill collectors there, we are told,
In heaven, or in hell, or in penitentiaries, hot or cold;
Climate may be bad, society worst that can be had,
There are no bill collectors there to make us sad.

To heaven we would like to go, to the land of the blest,
Where the flowers always bloom, where we can rest;
Yet, the penitentiary stripes, its bars, its short hair
Is not so bad; there're no bill collectors there.

Hell has its horror, its perpetual sorrows as well
As the eternal brimstone that scorches every cell;
We do not long for such a place where men have such care;
One thing recommends it, though—there're no bill collectors there.

To want to pay and can't would turn sour the scented rose,
When the insistent collector sticks his bill under our nose.
Do you wonder at men selecting places for solitude rare?
It's plain, we're told; there're no bill collectors there.

The man who can pay but will not, 'cause he's mean,
Is worse than he who would pay if he could, it seems.
There's but one way—pay cash—undisturbed in your chair
While happy days go by; there'll be no bill collectors there.

R. O. BRASWELL.

Fort Worth, Texas.

The Doctor Orders Diet.

Oh, luscious steak, you seem to make my innards squirm with pleasure! Of all the meat that can't be beat, you are the pride and treasure. The cook has toiled with zest and broiled the steak just to my liking, upon my plate I see it wait, magnificent and striking. The gods are kind, that we can find such meat in steers and cowses; all men with tanks should give them thanks for inch-thick porterhouses. The doctor views my steak and chews the rag about my diet; "you beat the Turks," he cries; "your works will soon be in a riot. You ought to eat the wholesome beet, the turnip and the carrot, the bean and squash, so help me Josh," he jabbers like a parrot. "That grub's too rich, 'twill give you itch and mumps and yellow janders; it trouble makes, so cut out steaks, and chickens, ducks and ganders." But man will buy his health too high if he feeds like the horses, and lives on hay day after day, and browses where the gorse is. I'd rather eat the juicy meat, of which no man is fonder and ere my time cash in, and climb to starry heights up yonder.—WALT MASON, in Philadelphia *Bulletin*.

EDITOR MEDICAL WORLD:—I am writing you in regard to a doctor. At present our town is out of a doctor, and we are desirous of locating with us a good, energetic and sober young physician. We have a good territory here; in fact, too much for one man at times; good roads, and the people generally are prompt and good pay. Land is worth from $75 to $150 per acre here; in fact, Cooper County is one of the good counties in Missouri.

Wooldridge is a nice town between Jefferson City and Boonville on the Missouri Pacific Railroad in Cooper County; has about 350 persons, bank, lumber yard, elevator, a $1,000 flour mill now going up, hardware store, furniture store, harness establishment, livery stable, four general stores, and restaurants. The town has good roads, as you may know when I tell you that it has nine automobiles in it, and many farmers around have them. Would be glad to have somebody look this field over or get in correspondence with the right man.

W. J. WOOLDRIDGE.

Wooldridge, Mo. *President of Bank of Wooldridge.*

EDITOR MEDICAL WORLD:—Please find inclosed $3 for MEDICAL WORLD. I have practised medicin for about forty years and THE MEDICAL WORLD has been my running brook from which I have drank continually from its streaming fountain. So send it on for four years longer. B. F. MCCLURE.

Paris, Ky.

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THE PRESCRIPTION PAGE.

Antigalactagog.

℞ Potassium iodid.....gr. xxx to xl
Antipyrin.....gr. x
Aromatic spt. ammon.....*m* xxx
Water to make.....2 ounces

M. Sig.:—Take at one dose as soon as the breasts become painful or swollen.—*Hodgkinson.*

Method of Disinfecting the Nasopharynx.

The following prophylactic treatment is recommended by Vincent in the prevention of epidemic cerebrospinal meningitis, of diphtheria, measles, scarlet fever, acute poliomyelitis, influenza, etc.

1. Inhalations, four or five times daily, for three minutes at a time, of the following liquid placed in a bowl which has been, in turn, immersed in a basin with very hot water:

℞ Iodin 20.0
Guaiacol 2.0
Thymol 0.25
Alcohol (60%).....200.00

2. Applications to the throat of the following solution, morning and evening, upon a cotton swab:

℞ Iodin 0.50
Potassium iodid..... 1.0
Glycerin 15.0

3. Gargle of 1% hydrogen peroxid.—*Jour. of Med. Society of New Jersey.*

Brittle Nails.

This annoying condition may be benefited by using one of the following ointments, which should be spread over the nails at bedtime:

℞ Mastich.....ʒ ss
Sea salt.....gr. xxx
Colophony,
Alum,
White wax, of each.....ʒ ss

Or this:

℞ Extracti nucis vomicæ.....gr. viij
Pilocarpini nitratis.....gr. ij
Sodii arsenatis.....gr. j
Zinci oxidi,
Calcii glycerophosphatis, of each.gr. xv
Cocci, q. s. pro color,
Adipis lanæ.....ʒ ss

Misce. Fiat unguentum.—*Jour. of Med. Society of New Jersey.*

Brachial Neuritis.

℞ Phenazoni.....gr. v-x
Sodii salicylatis.....gr. x
Caffeinæ citrat.....gr. v
Sp. ammoniæ aromat.....f ʒ ss
Aq. chloroformi q. s. ad.....f ʒ ss

—*Therap. Gazette.*

Neurasthenia.

℞ Acidi phosphorici diluti.....f ʒ ij
Fl. ext. cocæ.....f ʒ vj
Tinct. nucis vomicæ.....f ʒ ij
Syr. zingiberis.....f ʒ iss
Aquæ menthæ piperitæ, q. s. ad.f ʒ vj

M. Sig.:—Tablespoonful after meals in water.—*Merck's Archives.*

Infantile Colitis.

Roger advises washing out the bowel with this:

℞ Boiled water.....20 oz.
Hydrogen peroxid..... 1 oz.
Sodium phosfate.....20 grains
Sodium chlorid.....40 grains
Sodium bicarbonate..... 4 grains

Do not distend the gut.—*Le Monde Méd.*

Nephritic Colic.

℞ Potassium bromid.....6 grams
Cherry laurel water.....5 c.c.
Syrup of ether.....30 c. c.
Morphin hydrochlorate.....0.05 gram
Valerian water.....120 c. c.

M. Sig.:—A dessertspoonful every half hour until the pain is eased, but not to exceed five doses.—ROBIN, *Le Monde Méd.*

For Acne.

℞ Tragacanth.....5 grams
Glycerin.....2 c. c.
Water.....93 c. c.
Resorcin.....5 to 30 grams

M. Sig.:—To be well rubbed in at night and washt off next morning. Repeat nightly, increasing the resorcin until irritation begins; then substitute a lotion of calamine.—SIBLEY, *Med. and Cutaneous Review.*

To Make Soft Smooth Hands.

One thing a doctor must have is a soft, smooth, white hand. Try this:

℞ Glycerin.....1 oz.
Bay rum.....3 oz.
True oil of rose.....3 drops

Mix. Apply after each washing, while the skin is still damp.

Compound Elixir of Hexamethylenamin.

℞ Hexamethylenamin.....2 ounces
Lithium citrate.....1 ounce
Asparagus.....2 ounces
Cinnamon, Saigon.....1 ounce
Saw palmetto berries.....2 ounces
Santal.....2 ounces
Cardamom, hulled.....2 drams
Sugar.....8 ounces
Diluted alcohol enuf to make..2 pints

Percolate the vegetable drugs in the usual manner to obtain 25 fluidounces of percolate; in this dissolve the hexamethylenamin, lithium citrate and sugar. After standing one week filter.—*Jour. N. A. R. D.*

Talbot's Iodoglycerole.

℞ Zinc iodid..... 3 parts
Water ..... 2 parts
Iodin ..... 5 parts
Glycerin .....10 parts

Apply to gum margins and teeth (the lips and cheeks being retracted until this has dried on) to prevent tooth decay and oral disease. Is useful as an oral disinfectant and is astringent. The glycerin causes rapid penetration and irritation is said to be slight.

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

High Blood Pressure and Its Treatment.

EDITOR MEDICAL WORLD:—What do you consider normal blood pressure for male at ages of 55, 65 and 75 years? What would be a proper diet where blood pressure was too high? Does the *moderate* use of tea or coffee tend to cause hardening of the arteries? When hardening has commenced, what remedies give best results?

Ashburnham, Mass. E. D. GIBSON.

[The matter of blood pressure has never yet been thoroly standardized, and it is not possible to fix any definit pressure as normal at any given age. At this time, the closest estimate is that the normal systolic blood pressure in adults ranges from 105 to 145 millimeters. In females the pressure is about 10 millimeters less.

In high blood pressure the consumption of meat should be reduced, and in advanced cases meat should be omitted entirely. Fish, poultry, vegetables, cheese, milk, oatmeal, bread, honey, and farinaceous puddings are permissible articles of diet. Excess of salt is injurious. As little food is to be taken as will maintain the nutrition, and the patient should be taught to eat slowly and masticate thoroly. Tea and coffee are to be strictly limited to small quantities, of mild strength. Alcohol is to be entirely tabooed. Tobacco is allowed in moderation—not over two ounces in a week.

There is no known method of softening the arteries once they have been hardened. Lydston reported a case where he thought thiosinamin, in ascending doses, from 1/5 to 1 grain, three times a day, softened the palpable vessels in an aged arteriosclerosis; but the patient died in uremic coma shortly afterward. Loewy "found iodotropon valuable," in doses of 3 to 6 tablets daily, each containing .05 gram iodin, for three weeks.

Rice (*New York State Journal of Medicin*), in speaking of the management of a high blood pressure, concludes as follows:

The systematic use of the sphygmomanometer has shown us that:

1. The treatment of a large percentage of all cases after forty years, from any cause, must include the treatment of arteriosclerosis.

2. The sphygmomanometer has also shown us the futility of depending alone upon the arterial depressors.

3. That a certain percentage of cases in order to carry on their metabolism, even imperfectly, must maintain a relativly high tension, and it may be our greatest duty to aid them in sustaining this.

4. That (in the writer's opinion) the treatment of arteriosclerosis is the treatment of chronic interstitial nephritis.

You will find interesting information in "Blood Pressure," by Faught, publisht by W. B. Saunders Co., Philadelphia, Pa., at $3; also "Clinical Study of Blood Pressure," by Janeway, publisht by D. Appleton & Co., New York, N. Y., at $3.—ED.]

Use of the Microscope.—Healthful Climate.

EDITOR MEDICAL WORLD:—Are the instructions with a microscope so plain and can the technic be acquired by the general practician who has had no college training in the use of the instrument, to enable him to use one to advantage for ordinary work? In other words, microscopy was only just being taught in a few colleges when I graduated. I have had a very limited experience with such work, and there will be very little here as compared with other places. Our principal troubles are malaria in its various forms and complicating other diseases. Typhoid is practically unknown, cases occurring being brought in by people who have got the germs in their systems where it was prevalent and developing the disease here. Very few cases of tuberculosis. It is not increasing here, tho there are more cases, but most of them are in people who come here with it and many of these cases the climate seems to suit them and they recover, develop into strong robust people able to do work with most others. Our principal use would be in diagnosing malaria, in urinary work, blood counting, hookworm, and gonorrhea. Of course, a man desiring and progressing will gradually extend its use, but we would never have nor would we have time to do work of a complicated technic or requiring elaborate accessories.

DeWitt, Ark. E. H. WINKLER.

[There are no instructions accompanying a microscope other than the care and adjustment of the instrument. There are a number of textbooks and laboratory guides which will enable one to work out a good microscopic and bacteriologic technic. The microscopes of most practicians are never taken out of their cases. No man who has a busy practise can afford the time to keep his microscopic equipment in ready working order and to make the various examinations he would like to make. Theoretically, every practician should own a good microscope and make frequent examinations of urin, blood, sputum, pathologic specimens, search for bacteria, cultures, etc.; practically, such a course is physically impossible. It is for this reason that most practicians find it more economic and satisfactory to submit their specimens to some laboratory and pay their fee than to occupy their time and keep up their equipment.

Nevertheless, you should thoroly understand microscopy, and you can never be a completely rounded-out and scientific physician until you do. You can purchase books which will give you the method of procedure, and so you can know how and why it is done, without actually going thru the work. If you have a small practise, with considerable leisure time, it alters the case, of course. In such event, it is your duty to own a microscope and perfect yourself in its technic.—ED.]

For poison ivy 3 drams of powdered ipecac in 1 pint of water is extolled by W. S. Gilmore. Ipecac paste, or powdered ipecac, 1 part, in alcohol and ether, 8 parts each, is recommended for mosquito bites and bee stings by Neall.

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Hyperpituitarism.

EDITOR MEDICAL WORLD:—I want to find out appropriate treatment for (I suppose) a case of giantism, a boy 3 years old about twice as tall and as heavy as he should be, of average brightness and has been examined by physicians who claim nothing the matter. There seems to be a slight enlargement of the head. I have read in some journal that these cases are due to diseased pituitary bodies and are amenable to treatment.

Mart, Texas. R. B. WRIGHT, M.D.

[While there has been some experimenting along the line you mention, our advice to you is to refrain from doing any of it in general practise. So long as the boy is normal in every way except for unusual stature for his age, you had best keep "hands off."—ED.]

Cottonwool Tampons in Gelatin Capsules.

EDITOR MEDICAL WORLD:—If not too much trouble I would be glad if you would answer my inquiry. I used formerly to be in gynecologic practise, and used ready-made tampons of cottonwool inclosed in large-sized gelatin capsules, either medicated or plain. I have not used or bought any for some years and have forgotten from whom I bought them, and can find no adv. indicating where I can buy them. I have read the adv. pages of THE WORLD and *A. M. A. Journal*, but cannot find where they are made or sold. If you can direct me to the manufacturers or dealers in such articles I will certainly appreciate it. JOHN M. RITTER, M.D.

Cold Springs, Okla.

[You can buy gelatin capsules up to 600 minims capacity, or of any capacity desired, from Parke, Davis & Co., Detroit, Mich. For gynecologic uses lamb's wool is prepared and placed in gelatin capsules, also.—ED.]

Puerperal Septicemia.

EDITOR MEDICAL WORLD:—Will you kindly give me information on the treatment of puerperal septicemia? I have in mind a case where the patient was in labor from Saturday until Tuesday evening. The bag of waters ruptured Saturday. The child was delivered with forceps Tuesday evening. Fever began Monday before delivery. Has continued for seven weeks. The highest point reacht was 104 8/10°. It has, however, at times, especially mornings, been normal. Pulse has ranged from 100 to 125 or 130. Fever still continues, but not as high as formerly. No treatment seems to completely stop it.

What is the usual course of such cases as this one? Patient was badly lacerated, but this, for the most part, has healed. Sphincter muscle was also ruptured. Strength of patient has been good. Despite any effort on part of physicians, the fever continues. Please give me full information. Refer me to any authorities you would recommend on the subject. SUBSCRIBER.

Greenwood, Miss.

[We have not the space in this column to devote to the treatment of puerperal septicemia. You can get this only by procuring a good late work on obstetrics, where you will find many pages devoted to it.

We think you will have to look elsewhere for the cause of the fever. If it were due solely to puerperal infection, you would have had complications before the lapse of seven weeks. The toxins of septicemia develop quickly, and prove fatal within a few days in cases of overwhelming toxicity. In other cases recovery takes place, if the septic infection has not been too virulent. Among the complications following septicemia may be mentioned milkleg, abscess in various locations, thrombosis of veins, endometritis, parametritis, hemorrhage, etc.

You will find "Principles and Practice of Obstetrics," De Lee, publisht by W. B. Saunders Co., Philadelphia, Pa., at $8, or "The Practice of Obstetrics," Peterson, publisht by Lea Bros. & Co., Philadelphia, Pa., at $6, or "The Practice of Obstetrics," Edgar, publisht by P. Blakison's Son & Co., Philadelphia, Pa., at $6, all satisfactory.

Have you tried streptococcus vaccine or antistreptococcic serum on this patient? You should have some of this in your stock for just such emergencies.—ED.]

Catarrhal Enteritis.

EDITOR MEDICAL WORLD:—I would very much appreciate some information on your part, also of THE WORLD readers, on the following case:

Patient, 12 years of age, female, fair size, but somewhat pale in complexion, menstrual function not establisht. When she was 5 years old had convulsions every three to four weeks, apparently without cause. She was treated by another doctor, mostly by diet treatment and showed no more symptoms of convulsions for three and a half years, when they returned. The spell comes on by her seeing a "shiner," as she calls it. She calls to her mother and a minute or so elapses before the spell comes on. During the spell she froths at the mouth, bites her tongue, and twitches considerably, which looks very much like epilepsy. On the contrary, after the spell she always vomits up a lot of thick mucus, and always two or three days before a spell she will turn yellow across the stomach, which later goes practically over the body, and will be very nervous and "fidgety." She has *very* obstinate bowels, and when sufficient purge is given she passes a pint to half gallon of thick mucus, strings, splotches of mucus, and molds of the intestin, sometimes black or coffee-ground appearance.

I gave her calomel, podophyllum and liver medicin till I became ashamed of myself. I then gave her large doses of calomel and santonin, repeated every eight days. The third round we got a lot of short, thick, white worms, which I sent to a microscopist and he said they were fly-blows in the pupal stage. This I think impossible, as I *know* the child passed them. I later have given her male fern and then thymol, with no result other than mucus, which I sent off and the report came back "no larva."

I will greatly appreciate it if anyone will give me some information as to what causes this mucus.

Yoakum, Texas. R. E. RAHM, M.D.

[The child has catarrhal enteritis, and you will derive benefit from the administration of yellow iodid of mercury in doses of ⅛ to ¼ grain, three to four times a day. This may be given intermittently over a long period. It must be watcht, and suspended if diarrhea or colicky pains are in evidence. Select appropriate diet, and insist upon its being carried out in detail—any book on dietetics will give you this information.

It is quite likely, from the history, that her epilepsy is brought about by constipation and indi-

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gestion, and that correction of these faults would cause a disappearance of the convulsions. You might get great improvement in the sluggishness of the liver by the use of nitro-muriatic acid fortior, freshly prepared, in doses of 3 drops in a glassful of water at mealtimes. We would also suggest a long course of elixir lactated pepsin, 80 grains to the ounce, in doses of 2 drams in water before each meal. Use care in getting a reliable preparation of this, as much of it on the market contains much less than 80 grains to the ounce, and is almost worthless therapeutically. We would prefer either Drysdale's aperient tablet or nightly doses of enuf phenolphthalein to correct all tendency to constipation, using the remedy continuously for a long period of time. We would employ all of the above suggestions simultaneously, and we are convinced you will note markt improvement.—ED.]

Enlarged Testicle.

EDITOR MEDICAL WORLD:—I want your help on this case:

Patient, aged 38; male; occupation, farmer; single; weight, 160; height, 5 feet 11 inches; digestion, good. Never drinks to excess and is not troubled with any rheumatic pains. Got a fall about 15 years ago on ground, rambling in swamp. After fall, testicle swelled; in 15 minutes same turned black, remaining so for several days. Treated for seven or eight months by physician, after which became natural size. Did not pain any more until about a year ago; on stooping began to feel a little tingling sensation. Never had any clap or syphilis. After this tingling sensation, the cord and testes on one side began to slowly enlarge. Is now three or four times its normal size. No pain at present, except last winter in cold weather the shortening of the cord caused some slight pain.

I want to do my best on this patient and he wants to shun an operation if possible. What do you think is the cause of the trouble? What would be the best mode of treating him? Give me the necessary advice. J. D. HILDRETH.

Paul, Ala.

[It is not possible, from your description, to say whether or not there is malignant trouble in the testicle. If it should be malignant, only operation, and early operation at that, will avail to save him. If the enlargement is not malignant, you might get much benefit by administration of iodid of potassium, in full doses, internally; and the application of an ichthyol ointment, in strength of 2 to 4 drams to the ounce, on oiled paper, held in place by a well-fitting suspensory, and worn constantly. —ED.]

Identifying Roots.

EDITOR MEDICAL WORLD:—I am mailing you two different kinds of roots. Can you tell me what they are and what they are good for?

Swainsboro, Ga. J. M. NUNEZ.

[It is never possible to fully identify any plant by a specimen of the root. When botanical specimens are submitted for identification, they should be selected, when possible, at the time the plant is in flower, and a specimen of the root taken along. The plant is carefully spread out on a sheet of blotting paper so that the leaves are flat, and the flower laid distinct from contact with the leaves. The root may be left projecting over the edge of the blotting paper. Another sheet of blotting paper is placed carefully on top, and a weight added, and the specimen placed where it will not be disturbed for twelve to twenty-four hours, when the blotting paper is renewed to provide a new surface to absorb moisture. It is now left in place till the plant is thoroly dried, when it is mounted on sheet cardboard by placing narrow strips of adhesiv plaster across the stem at various points. Such preparation enables the investigator to have root, plant, leaf, and flower for examination. Almost any plant can thus be identified by search thru the different groups and families of the various botanical orders.

When you have so prepared your specimens, send them to your state agricultural station, and they will identify them for you. We have no laboratory in THE WORLD office, and considerable equipment and expenditure of time is required in this sort of work.—ED.]

Homeopathic Triturations.

EDITOR MEDICAL WORLD:—I am not sure just what you mean by 12x to 30x, page 317, August WORLD. You referred to lycopodium.

Monroe, N. C. J. E. ASHCRAFT.

[The number and letter refer to homeopathic triturate, meaning 12th to 30th triturate. According to "Elements of Homeopathic Materia Medica," pages 33 and 35:

Potencies are most commonly made on the centesimal scale. The making of the first potency varies slightly according to the class under which the tincture is prepared, but, as the name signifies, the strength of the 1st centesimal potency should be 1/100 drug power. The subsequent potencies are prepared by taking 1 part of the first potency to 99 parts of alcohol, and so on, in a well-corkt bottle, hold it clencht in the fist and pound on a hair-stuft base, twelve powerful strokes; this do with each potency.

Drugs like mercurius, ferrum and many others are prepared by trituration, but on the decimal scale only. One part of the drug to nine parts of pure recrystallized sugar of milk is triturated in a power-driven mortar for four hours or longer—in first-class pharmacies. This constitutes the, let us say, mercurius 1x trituration. One part of this 1x trit. to nine parts of sugar of milk, triturated for two hours, constitutes the mercurius 2x, or 1/100, and so on.

The virtue of the remedy resides not in the dilution or trituration, but in adapting these to the case in hand.—ED.]

MEDICAL FRAUDS.

Fruitola.

EDITOR MEDICAL WORLD:—A friend of mine took fruitola, made by Pinus Drug Company, and got a handful of imitation gallstones like the inclosed. Is this fruitola one of the fake gallstone remedies? Is this a real gallstone?

McKees Rocks, Pa. L. M. HERRINGTON.

[The carefully sealed envelope in which you had placed the alleged "gallstone" was entirely empty when it reacht us, but the envelope, your letter and the outer envelope containing all were one unanimous smear of grease. The mass you had inclosed for examination was evidently a saponaceous lump produced in the intestin by the action of the intestinal juices on the oil in the "fruitola." It was not a gallstone. You can produce any desired quantity of such "gallstones" (?) by having a perfectly healthy person, or any

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person who never had gallstones, ingest oliv oil, or by the use of "fruitola."

"Fruitola" has been repeatedly exposed in the medical journals, and belongs in the class in which you have placed it. See MEDICAL WORLD, December, 1910, page 506, and May, 1912, page 214 (Dr. Eastman's letter).—ED.]

Alpenkreuter.—Zip Injection.

EDITOR MEDICAL WORLD:—If you have ever publisht the formula for the medicin advertised upon inclosed carton (Forni's Alpenkreuter Blut-Heleber) should be pleased to have you refer me to issue of your journal containing same. It must be great dope, for it cures everything from ringworm to dyspepsia. L. M. LOWE.

Glyndon, Minn.

EDITOR MEDICAL WORLD:—Can you or any of "the family" tell me what is the formula for "injection zip"? It is a gonorrhea cure in five days. It is used here extensivly and I have seen no bad effects of it yet. There are some cures reported, and I would like to know if there is any thing dangerous about it. I have been a reader of your journal since 1892. Can't get along without it. IOWA.

[We inquired of the American Medical Association about these and they wrote us as follows:

The carton of "Forni's Alpenkreuter Blut-Heleber," put out by Dr. Peter Fahrney & Sons, Chicago, seems to be identical with "Dr. Peter's Kuriko or Blood Purifier." We regret to say that we do not know the composition of this stuff. A few years ago the North Dakota chemists declared this product misbranded under the laws of that state.

The concern putting out this product is a typical "patent medicin" outfit, with all that that implies. It is probable that whatever popularity it may have depends largely on the alcohol content (14%) and the fact that it apparently contains a laxativ.

We have no information regarding the "Zip Injection."

If any of our readers have any information on these products or any of the manufacturers' literature we would like to receive it.—ED.]

More Prescription Proprietaries.*

Ambition pills—Recommended for "that tired feeling"; composed of iron and aloes.

Barbo compound—Sold as a hair tonic; composed of sugar of lead, sulfur and salt.

Beta quinol—Claimed by the manufacturer to have great value as a hair grower, and composed of alcohol, glycerin, quinin and menthol.

Calocide—A gray powder composed of salt, alum, borax and tannic acid.

Capillaris—A salve consisting of mercury chlorid, sulfur, zinc oxid, borax and petrolatum.

Cerol—Consisting of borax and stearic acid, perfumed. Selling price, 75 cents; approximate cost, 3 cents.

Clearola—All precipitated sulfur.

Compound epsom salt tablets—Composed of aloes and epsom salt. The salt is not present in sufficient quantity to be of any medicinal value.

Compound essence mentho laxine—Thick, dark-brown liquid composed of licorice, ammonium chlorid, menthol, alcohol and glycerin.

Compound ethol extract—Composed of alcohol, glycerin and water, flavored with some oils.

Cystos—Composed of salt and boric acid, to be used as an eye remedy. Selling price, 50 cents; approximate cost, one-half cent.

Delol—A yellow powder composed of barium sulfid and zinc oxid.

Eggol—Yellow-colored granular powder; composed of soap and borax, perfumed and colored. Selling price, 25 cents; cost, approximately, 2 cents.

Electrola—Sold as a hair remover. Composed of a paste of calcium sulfid. Will remove the hair and probably the skin.

Fluff—Composed of borax and soap.

Fluid en-ser-ol—Composed of cinnamon water and boric acid.

Gloriol wavolene—For the hair; composed of gum arabic and a potash compound.

Glycol-arbolene—This preparation does not contain any traces of glycol, which is a definit chemical, therefore is misbranded.

Kardene—Composed essentially of iron and quinin 1 part, and sugar 9 parts.

Kulux compound—Composed essentially of zinc carbonate, starch and rose water.

Lavox—Compound of soap and borax; is a pink granular powder.

Lukso—Composed essentially of talcum, sodium salicylate and starch.

McGibney's discovery—Consists of a finely powdered clay, no other ingredients added.

Mrs. Price's canning powder—Practically all boric acid.

No. 666—An aqueous solution containing citric acid, iron, manganese and quinin.

Olive tablets—Nothing could be found that would suggest or permit the name "olive" in connection with this preparation.

Peptol—A mixture of glucose and fat; does not have the medical value claimed by the manufacturer.

Phy-thy-rin—Composed essentially of bladderwrack.

Pinex—Consists of tar, glycerin, alcohol and chloroform. Selling price, 50 cents.

Plain yellow minyol—A yellow, pasty mass, composed of salt, stearin, soap, borax and oils, colored with yellow anilin dye.

Prespino—A mixture of talcum, borax and benzoin.

Pyroxin—A yellow-brown ointment consisting of petrolatum flavored with pimenta.

Quinoxide tablets—Composed essentially of iron and calcium sulfid.

Quinzoin—Consists of salts of tartar and powdered jaborandi. Selling price, 50 cents; approximate cost, 2 1/3 cents.

Rattlesnake oil—This preparation, manufactured by several vendors, has never been found to contain even a trace of snake oil.

Rose kaolin compound—A pink powder flavored with rose and composed of sulfur 9 parts and baking soda 1 part.

Sure-keep canning compound—Consists of practically nothing but boric acid.

Tona-vita—Consists of extract of meat and sherry wine. Selling price is $1.25.

Toris compound—Recommended for rheumatism; composed of sugar, sodium salicylate and saltpeter.

Venosol—A face preparation composed of simple cacao-butter artificially colored.—*Journal of the National Association of Retail Druggists.*

*Compiled by the Ohio Agricultural Commission. This list supplements that printed in April, 1913, WORLD, page 168.

Shippers of Beer, Malt Tonics and Liquors Fined.

The United States Department of Agriculture has just issued a number of *Notices of Judgment* against shippers of adulterated or misbranded beer, tonics and liquors in violation of the Food and Drugs Act.

The S. Hirsch Distilling Co., doing business under the name of Minnet Cordial Co., Kansas City, Mo., was charged with the interstate shipment of a quantity of so-called extra-fine Jamaica rum, described on the label as Jamaica rum. It was proved to be a mixture of Jamaica rum and neutral spirits. The court imposed a fine of $100 and costs upon the company.

An interstate shipment of beer by the Evansville Brewing Association, Evansville, Ind., was alleged to be adulterated for the reason that it was brewed from barley, malt and other cereal products and not from "Finest Barley Malt and Choicest Hops" only, as printed on the labels. The company pleaded guilty and the court imposed a fine of $100 and costs.

The Independent Brewing Co., Philadelphia, Pa., was fined $50 and costs for shipping in interstate commerce a quantity of Majestic Beer which was adulterated and misbranded. The label bore the statement, "Brewed from Choice Malt and Hops." It was shown that in addition to malt and hops the product contained corn flakes and was colored with caramel.

A fine of $50 was imposed upon the Jung Brewing Co., Milwaukee, Wis., for the interstate shipment of adulterated and misbranded beer. The label indicated that the beer was brewed from "Choice Malt and Hops," but the Government showed that a cereal or cereal product had been substituted wholly or in part for malt.

M. J. Griel, a member of the firm of Griel Trading

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Co., Pensacola, Fla., was charged with the interstate shipment of a quantity of so-called cognac, which was labeled "Cognac (L. G.) Brandy-Proof 80 Stamp E 48184, Pensacola, Fla." Analysis showed that it consisted in part of neutral spirits colored with caramel. A fine of $25 was imposed upon the defendant.

Other cases of fines imposed or decree of destruction entered for interstate shipment of adulterated or misbranded beverages are as follows:

Product—Medicinal Beer. Shipper—Darley Park Brewery, Baltimore, Md. Charge—Misbranding. Fine—$10.

Product—Malt and Hop Tonic. Shipper—Popel-Giller Co., Warsaw, Ill. Charge—Adulteration and Misbranding. Fine—$10.

Product—Bohemian Malt Tonic. Shipper—Western Brewery Co., Belleville, Ill. Charge—Adulteration and Misbranding. Product ordered destroyed.

Product—Ferro-china Antimalarico. Shipper—American Union Cordial Co., of Pennsylvania, Inc., Allentown, Pa. Charge—Misbranding. Fine—$25 and costs of $13.50.

Product—"Sambuca." Shipper — Pasquale Gargiulo, doing business under the name and style of P. Gargiulo & Co., New York, N. Y. Charge—Misbranding. Fine—$25.

AUTOMOBILE TALK.

Tire Fillers Unsatisfactory and Harmful.

In the May WORLD, page 210, Dr. Lantz describes his unfortunate experience with a Buick automobile. It appears that the Doctor purchast a car two years ago that had been used for demonstration purposes by agents of the Buick Company. In spite of their warnings, Dr. Lantz put a tire filler, called resilio, into his tires. Following this he had the many breakages he mentions in the letter above referred to. The manufacturers of the car, of course, declined to provide him with new parts to replace the broken ones on account of his use of the filler, which they had told him would cause damage to the car. As the car was made to ride on pneumatic tires only, the makers would not guarantee the machine against breakage with semisolid tires. Hence the refusal of the Buick Company to replace the parts broken. We think that in justice to the Buick Motor Company our readers should know their side of the controversy. We know owners of Buick cars who have no complaint to make of them.

The following letter shows another physician's attitude toward a tire filler after having some experience with it:

EDITOR MEDICAL WORLD:—About a year ago I askt your readers about the kind of car to buy. In accordance with the advice of the majority, I bought a Ford. I have had no regrets on this account.

I wish to thank those who so kindly wrote me giving me their experiences. I wish I could write each a letter, but there were too many. THE MEDICAL WORLD must have quite a number of readers. [About 24,000.—ED.]

The chief trouble with an automobile is with the tires. If there is anything that will stop punctures and blowouts and is not objectionable in other ways, I would be glad to learn of it—and so no doubt all your readers would be.

I tried a "tire fluid" that was injected thru valve stem into inner tube. It cost me $10. I would not have it done again if the salesman paid me $10 for the privilege. So you see what I think of it.

If anyone has come anywhere near to solving the tire question, please let the rest of us know.

DR. H. STEIN.

Removing Carbon From Cylinders.—Mending Leaking Radiator.

In our August "Talk" we mentioned several ways of removing carbon from automobile cylinders. One was the daily use of kerosene (coal oil) in each cylinder. One motor truck on which it was used has been working well for two years without its valves needing grinding. Now comes corroborativ evidence from a physician, who seems to have been using this method. His letter, following, brings up the question of how can we determin whether the smoke blown out thru the exhaust after the use of kerosene is the carbon sought to be removed or is the smoke of the kerosene itself. It would be quite a task to remove each spark plug every day to insert the kerosene. The monthly use of hydrogen peroxid requires less time.

EDITOR MEDICAL WORLD:—I notice some remarks in the August WORLD regarding a way to remove carbon deposits from the cylinders of an auto. Now this is a very simple thing to do if done often, say every time you make a trip of about thirty or forty miles. Take out each spark plug separately, one at a time, and pour in about 1½ ounces of coal oil, and crank the engine before putting the plug back. When the engine is fired the scales will blow out thru the exhaust.

Now to mend a leaking radiator is very simple. Just simply put into the radiator while hot a teaspoonful of ground flaxseed and all ordinary leaks will disappear like magic.

Hope this will be of some benefit to autoists. I know by experience. DR. M. C. DAVIS.

Crestone, Col.

And the Doctor furnishes us with still another way of mending a leaking radiator.

Taking Care of Tires and Inner Tubes.

The war in Europe is going to raise the price of automobile tires, at least for a time. We advise our readers to get some tires for future use, so as not to have to pay the topmost prices later on.

"Both damaged tubes and casings are often caused by rusty rims," says one of the tire-conservation bulletins issued by the Goodyear Tire and Rubber Co. "Where rims are not given attention and kept clean, rust often eats into the rubber where the tube comes in contact with the rim, and tube life is shortened.

"In tire casings, especially with clincher tires, chafed fabric often arrives thru bent or rusty rim flanges. Rust should be kept from rim hooks, where clincher tires are used, and bent rims should be straightened as soon as possible. Rim flanges often are bent by sharp blows. The bent part forms a sharp projection that soon digs into a tire. Sometimes metal rims become rusty and rough. Rust eats into rubber. Moisture then penetrates fabric and tires are destroyed."

Car owners should have their tires taken off and the rims examined at regular intervals. Most of us have to remove our tires occasionally on account of punctures or cuts, and the opportunity is then afforded us of examining the rim. Where rust is found, the use of sand paper and talc or graphite should be used to remove it. Rim paint is recommended. In cases where rims are properly watcht and cared for the results in tire mileage always more than pay for the trouble—in hard dollars as well as in the sense of greater tire security on the road.

Another cause of damage is creasing of extra tubes carried along, which causes cracks in the tube. Too much chalk in the shoe, between that and the tube, is also said to damage the tubes.

Buying Gasoline.

In buying gasoline insist on having it measured into a bucket so that you can see what you are

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getting. We recently purchast five gallons of gasoline and the gasoline was pumpt into the tank from a small reservoir, being conducted thru a rubber hose. We heard the gasoline flowing at first, but toward the last none came thru. We could not convince the garage man of it. On measuring I found only the addition of three gallons of gasoline in the tank, but the garage employee could not be convinced. So hereafter I will insist on the gasoline being brought in a bucket so that I can see what I get. J. C. R.

CURRENT MEDICAL THOUGHT.

Gleanings from Current Literature.

Many infections originate in the country, the conditions on the farm sometimes being far less hygienic than in city slums.

Every tuberculous adult, male or female, married or marriageable, should be imprest that it is well-nigh criminal to bear children before they themselves have been cured.—*Med. Review of Reviews.*

Sciatica.—For many years I have relied upon rest in bed, together with salicylates and bromids, with remarkable success.—F. X. Dercum, *Medical Sentinel.*

Tinctures of strophanthus on the market may vary 6,000% in strength.—*Edmunds and Hale.*

Fluidextracts of belladonna, nux, cinchona, ipecac and opium remain potent and reliable for years, if kept tightly stoppered and in a cool place. Digitalis, strophanthus and ergot deteriorate quite rapidly under the ordinary conditions.—F. E. Stewart, *Monthly Cyclopedia.*

Cancer of Prostate.—Initial symptoms: frequency, difficulty and urgency of urination; pain in penis during urination; each of one or two years' duration.—H. H. Young, *Am. Journal of Urology.*

The treatment of tuberculosis had for some years settled into a triad that appeared unbreakable—rest, hyperalimentation, and continual aeration. The third still stands secure; the second has been much modified; the first has received a notable blow from Pescher. That rural patients do better than mural he attributes to pulmonary ventilation, from the work they cannot forego. Still, rest in bed during fever hours is indispensable.—*Le Monde Médical.*

Determined efforts are being made to rehabilitate alcohol as a drug. No pretense is made at refutation of the complete and repeated demonstrations of its uselessness as a stimulant, and its inevitable deleterious effects. The only argument advanced in its favor is the recommendation of some notable among the profession.

Gaucher asserts that salvarsan, besides being a dangerous poison, actually retards syphilis and aggravates it.—*La Clinique Infantile.*

Heidingsfeld studied 776 cases of syphilis, receiving 1,152 treatments with salvarsan, and 4,560 serologic examinations. He finds mercury unnecessary, salvarsan sufficing to cure.—*Med. and Cutaneous Review.*

Chamberlain and Gorgas both assert that tropical climates are harmless to whites, apart from the infections. Ashburn, Vedder and Gentry report that heat and moisture are the foes to be dreaded, impairing mental and physical vigor. Frear stated that the climate was harmless, and almost immediately died of it. Washburn claimed that nobody would get sick in the Philippines if moral and sober, yet he collapst and had to go away to get well.—*American Medicin.*

The N. Y. Post-Graduate Commission adopts Sambon's theory of pellagra infection, finding no sure evidence against good or bad corn. The stable fly is blamed, altho the gnat is not excluded.

Germany tells us that night is the time for imaginativ work, the morning being better for study.

Cold water will take out the pain and inflammation caused by scalding.—W. Hill, *Ellingwood's Therapeutist.*

Careful study of fifty cases convinced Parkinson and Rowlands that strychnin had no effect that justified its use as a rapid cardiac stimulant in cases of heart failure.

Papaverin is neither narcotic nor constipating. It has some local anesthetic action, and is superior to amyl as a vasorelaxant.

The season is here in which poison ivy gets in its work. Has anybody a better local remedy than sweet spirit of niter?

Tuberculin is not suitable for acute miliary tuberculosis, or any rapid process. No one knows the dose of tuberculin. It requires six to twelve months to accomplish much.—Wrightsman, *Ill. Med. Jour.*

In pregnancy, very low urea output is a danger signal.—Beard, *Ill. Med. Jour.*

No other cardiac condition responds so promptly or satisfactorily to rest and the judicious use of digitalis as does fibrillation.—Sherlaw, *Ill. Med. Journal.*

Typhoid carriers should be treated as well as quarantined.—*Lobdell.*

Retropharyngeal abscess, idiopathic, is not rare in infancy, but is generally overlookt. Usually it is not truly idiopathic, but derived from aural diseases.—Massei, *Ann. de Méd. et Chir. Inf.*

Hypoalimentation is more frequent among the infants of the rich than among those of the poor. The workman's wife thinks less of the quantity of milk absorbed and gives the child as much as it will take; the babe of the wealthy suffers from too much regulation and the fear of overfeeding.—Variot, *Le Monde Méd.*

Chronic Myocarditis.—Retard cardiac failure by hygiene, increase renal elimination, use cardiac tonics as needed, and if there is an old specific complaint, treat it unless contraindicated by cachexia or renal disease.—Josué et Paillard, *Paris Médical.*

In laminectomy for tumors of the cord, if one takes the precaution of injecting scopolamin-morphin forty minutes before the operation, besides lessening the fear of the patient, one obtains an anesthesia very calm, very regular. Postanesthetic vomiting will be exceptional. The scopolamin neutralizes in some sort the hypersecretory power of ether, and the bronchopulmonary complications will not exist.—Beck, *Le Monde Méd.* [There is danger, however, of serious depression in the use of narcotics in conjunction with general anesthetics.—ED.]

Mathieu has supplied us a means of recognizing slight, progressiv, paroxysmal occlusions of the lower ileum. The sign may also be present in acute occlusions, but much less uniformly. It con-

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sists of dulness like that of ascites, shifting with changes of position; and especially with the Hippocratic succussion, or even with the aid of the fingers alone, an extended *bruit de clapotage.* With occlusions, it is at the moment of the paroxysms that this is manifested. With this syndrome corresponds a radioscopic image studied by Béclère, which shows the intestinal loops half full of liquid and in juxtaposition with those half full of gas.—*Le Monde Méd.*

Diday asserts that the first sign of the chancre may appear as late as 54 days after the infecting coitus. Barker found that, infection following tattooing, the sore appeared on the 87th day. Sabouraud records a case in which the disease was manifest on the 7th day and certainly diagnosed on the 12th day.—*Le Monde Méd.*

Colchicum Poisoning.—A gouty man took colchicum daily for three weeks. All four limbs were then paralyzed as well as the trunk muscles; the heart, face and sphincters alone free. He also had cutaneous anesthesia and deep-seated pains. Six months after discontinuing the medicin the recovery was incomplete.—*Le Monde Médical.*

Death in a bathtub is not uncommon. This has been attributed to cardiac failure, but Chavigny suggests that it is due to the generation of carbon monoxid by the heater.—*Le Monde Méd.*

Vertigo in the aged is frequently due simply to anemia.—*Gallois.*

Eczema.—Before all, treat the visceral state of these patients—gouty, rheumatic, scrofulous, nervous, ailing with impermeable kidneys, with defectiv hepatic or gastrointestinal functions, for which one should care rather than for the eczema.—Lutembacher, *Le Monde Méd.*

Anesthesia for ten seconds may be induced by having the patient breathe rapidly and deeply for one minute—long enuf to extract a tooth painlessly. Not new, but quite forgotten.

Eruptiv Fevers.—Mme. Nageotte reports quite favorably on the method of Milne in treating measles and scarlet fever. This consists in applying to the throat phenol in oil, 10%, as high and as low as convenient; anointing the entire surface of the body, twice a day for four days, with pure oil of eucalyptus; and placing around the head and chest a mosquito net, to which is applied the eucalyptus with an atomizer, from time to time. The method assures the benignity of the attack and prophylaxis so complete that the unaffected children may safely sleep in the same room with the patient. Children in the desquamativ period took part in Christmas festivities with forty others, without imparting the infection to any.

Fracture of the Clavicle.—A simple method of dressing a fractured collar bone is described by Couteaud, in *Le Monde Méd.*

Lying on the back, the patient allows the arm of the injured side to hang down over the side of the bed. This position is maintained for one hour to one and a half hours, as a means of reduction.

A cushion is then placed on a table so arranged as to height that it just supports the elbow and forearm comfortably. The edge of the bed is made rigid so as to maintain the distance. This position in maintained for ten days. No dressings or bandages of any kind are used. In some cases this period has been reduced to six and one-half days with impunity. After that the patient simply rested his arm beside him on the bed, a cushion being placed between his shoulders.

At the end of ten days he sustains the arm in a sling and begins to move the shoulder—he is convalescent. The results are said to be very good; far more satisfactory than the older methods.

Borax Will Prevent the Typhoid Fly from Breeding.

As a result of experiments, the specialists of the Department of Agriculture have discovered that a small amount of ordinary borax, sprinkled daily on manure, will effectivly prevent the breeding of the typhoid or house fly. Similarly, the same substance applied to garbage, refuse, open toilets, damp floors and crevices in stables, cellars or markets, will prevent fly eggs from hatching. Borax will not kill the adult fly nor prevent it from laying eggs, but its thoro use will prevent any further breeding.

As a result of experiments carried on at the Arlington Farm, in Virginia, and New Orleans, La., the investigators found that 0.62 pound of borax, or 0.75 pound of calcined colemanite (crude calcium borate) would kill the maggots and prevent practically all of the flies ordinarily breeding in 8 bushels of horse manure from developing. This was proved by placing manure in cages and comparing the results from piles treated with borax and from untreated piles. The borax, it was found, killed the fly eggs and maggots in the manure and prevented their growth into flies.

In the case of garbage cans or refuse piles, 2 ounces of borax or calcined colemanite, costing from 5 cents a pound upward, according to the quantity which is purchast, will effectually prevent flies from breeding.

The method for using this substance in the case of stables is to sprinkle the borax or colemanite in the quantities given above, by means of a flour sifter or other fine sieve, around the outer edges of the pile of horse manure. The manure should then be sprinkled immediately with two or three gallons of water to eight bushels of manure. It is essential, however, to sprinkle a little of the borax on the manure as it is added daily to the pile, instead of waiting until a full pile is obtained, because this will prevent the eggs which the flies lay on fresh manure from hatching. As the fly maggots congregate at the outer edge of the manure pile, most of the borax should be sprinkled there.

If the borax is used on the manure only in the proportions stated, its value for use in the garden or for sale to farmers will not be lessened. In view of this discovery, there now seems little excuse for any horse owner or resident of a city allowing typhoid flies to breed in his stable or garbage can. The details of the experiments with borax and other larvacides will be found in U. S. Department of Agriculture Bulletin No. 118.

Benetol—Alleged Hog Cholera Cure.

Evidence of what appears to be a well-organized campaign to delude farmers thruout the country into buying an alleged cure for hog cholera, under the impression that this has been investigated and approved by the United States Government, has reacht the Department of Agriculture. Articles praising this medicin, "Benetol" by name, are being sent out widespread to newspapers. These articles are so worded that it appears as if the Department of Agriculture had received

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reports from the state of Minnesota showing that the medicin had proved most beneficial. As a matter of fact, the one report received by the Department was an unofficial and unsolicited statement sent presumably from the promoters themselves. The Department attaches no importance whatsoever to this statement. It has no reason to believe in the efficiency of any proprietary cure for hog cholera and does not recommend any. Under certain conditions it urges farmers to protect their stock with anti-hog-cholera serum, but that is all.

In connection with this attempt it may be said that the medicin, which is now put forward as good for hogs, was advertised some time ago as a means of killing tuberculosis, typhoid and cancer germs, according to an article publisht in the *Journal of the American Medical Association*. At that time it was asserted that the army was interested in it. As a matter of fact, the army was no more interested then than the Department of Agriculture is now.

In view of the evidence that the attempt to create this false impression is persistent and widespread, all hog owners are warned to communicate with the United States authorities before accepting as true any statement that the Government recommends any treatment other than the serum already mentioned.

The Problem of the Unlicensed "Drugless Healer."

Has our own school of medicin, as one of the branches of the medical army that is trying to treat the sick and to eradicate disease, accepted its complete duty toward ridding the country of those who could properly be called dangerous "quacks"?

Has it been sufficiently alert and aggressiv in using all of its own power and influence toward the eradication of these evils?

I fear not. I assert and maintain that we have always been equally activ and aggressiv in guarding the highest ethical standards within our own ranks as has been the dominant school, but because we are a minority school, because the majority school, by reason of numbers, vested rights and financial resources are better equipt to deal with these problems, our school has in an almost supine manner delegated to them the matter of their solution.

The unfortunate inference that might be taken from this attitude is that we as a school are indifferent as to the number and character of inadequately trained persons who may attempt to treat the sick, so long as our own standing and position are assured. This I know is far from the correct statement of affairs.

I think that in the past we have so often felt the wrong and injustice of the vested medical powers that we have delegated to the majority school the office of policeman to the profession. The concrete matter that brings this subject to my attention at this time is the fact that there are in the state of Pennsylvania at this time almost, if not quite, as many unlicensed persons who are treating the sick for a livelihood as there are members of our own school.

Startling, almost inconceivable, is it not? But I am not guessing in this matter. I have a list of unlicensed "drugless healers" who have formed a state association containing almost half as many members as we have in our own state society, and I am credibly informed by those who have been investigating this matter in the field that this number does not represent a fifth of the unlicensed "healers" now practising in this state.

An effort was made to group the unlicensed "drugless healers" into one organization, so that they could be dealt with as an entity. They first groupt themselves together into a state organization to which they gave the name of "Naturopaths," in which they attempted to collect, I am tempted to say corral, all of the nonlicensed group. Unfortunately, into this group crept a natural-born scamp, who proceeded to sell "Naturopathic" diplomas and to make such specious promises of the favors that would be granted the "Naturopaths," that he rendered any attempt to negotiate with that group futil.

The request made of them that they formulate the complete list of unlicensed practicians in this state resulted in the following rather formidable compilation: (1) The application of water to the body in diseased conditions either by application or direction: hydrotherapy, Kneip system, Burgess system, Priessnitz system, Just system, heliotherapy, thermotherapy. (2.) The use of food to affect the health of the body, as: All prepared foods, selected foods, teas, herb treatments, trophotherapy, phytotherapy. (3.) Methods affecting the mind and thus affecting the body, as: Suggestiv therapeutics, magnetic healing, metaphysics, vitatherapy. (4.) Local treatment to the spine, as: Chiropractic, spondylotherapy, nepravit, chiropractic-spondylotherapy, neuropathy. (5.) Any nonmedicinal treatment to the body, as: Mechanotherapy, Swedish movements, massage, scientific massage, electro-massage, vibro-massage, medical gymnastics, physical culture, neurology, oxypathy.

The above is a literal transcript and classification of the unlicensed practicians in this state as submitted to the Bureau of Medical Education and Licensure by their own representativs. Thirty-odd varieties; but that was last summer, and we have since that learned of several new "pathies" and "ologies."

The real problems that must be considered out of this complex are, first, how shall the practise of any or all of these mysterious specialties be so regulated that the public may be safeguarded against impostors, and assured that those that they call to their aid in sickness are reasonably safe advisers; and, second, have any of this group any real contribution to make toward healing the sick that is worthy of serious consideration or of preservation?

The only solution the bureau can see, the only solution that the better representativs of this group of unlicensed practicians can suggest is that the bureau set a special standard for this group and strictly limit them in the method of their practise. This suggestion follows in many respects the new law of California, which sets forth with specific detail the hours of study in the various subjects that a qualified M.D. must take, and with equal detail and directness sets a separate standard, with subjects and hours of study that the qualified "Drugless Healer" must take.

The mechanotherapeutist does seem to have a real contribution to the help of the sick. Some of the graduates of the Swedish movement cure seem to have had a training in their specialty as severe and complete as the most exacting could desire. I do not think that it would be wise on our part to repeat the blunders the old school made a century ago and use all the drastic methods that vested power makes possible. I feel that the most wise

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and judicious method of dealing with the present rather acute condition is to insist and enforce an adequate training in fundamentals, then after the standardization has been created to use all the drastic power the law gives us to drive out of practise those that cannot qualify.

The recent higher standards in medical education and in medical colleges has helpt to drive out of the study of medicin a large number of young men who might have otherwise entered a medical college easier of access and graduation, and there is an ever-increasing number entering these "drugless" institutions. We have in Pennsylvania to-day at least five so-called colleges that are giving diplomas to treat the sick along "drugless" lines, and not one of their graduates is legally eligible to practise. It is certainly a condition and not a theory that confronts us, a condition that cannot be solved by academic theorizing, a condition that we should attempt to solve in a manner tending toward its permanent solution.

The ordinary practician of medicin, safe and secure in his own position of the legal right to treat the sick, does not give much concern or attention to the great unlicensed group unless one of that number treads upon his own professional toes; yet there are a large number of that unlicensed group who are earning a better living at treating the sick than he is himself. I do not want to make the appeal on the commercial basis, upon the financial loss that comes to legal practicians of medicin because the unlicensed group are treating so many patients that should be under his care; but I want to strike the higher ethical note that our sacred calling should be more adequately protected from impostors and that our own school must assume its full share in this work.—D. P. MADDUX, in *The Hahnemannian Monthly*, December, 1913.

America's Hot Springs.

It is said that the German "water cures" have attracted more visitors to that country "than all the beauties of the Rhine, all the arts of the German galleries, and all the sciences in the famous German schools." Why? Simply because most of thase visitors are physically improved by their sojourns. Whether the beneficial agency resides in the water, the air, the diet, the exercise or the environment is beside the question. The visitors get better, and they advise their friends to follow their example; and the tide sets that way.

Now, we have in this southern part of the United States of America a place which, in the elements requisit for a great natural water cure, surpasses anything to be found at any European spa. There are springs of every size, kind and degree, some hot enuf to cook eggs, others cold enuf to give one the toothache; some effervesce and sparkle like the soda water, and some fume and steam with odors "hot from Tartaras." The settings are worthy of the gems. Wild mountains rise on either side, caves and cliffs are there, and the hills are sometimes heard to groan as if in pain. To this resort have flockt for many generations the lame and the halt, the syphilitic and the rheumatic, and found relief, of course with proper medical aid and direction, and as one result some of the most competent, cultured doctors in the United States are to be found there. And the place belongs to the people of the United States and not to any firm or trust or syndicate; for long ago our Uncle Samuel set Hot Springs, Ark., aside as a government reservation, and placed a good man, recently deceast, to take care of it; and then forgot all about it. As time wore on a hospital was built for the army and navy. Then the Jewish B'nai B'rith Society erected a sanatorium for its ailing members, and the Masons are preparing to do likewise. Other fraternal orders are said to be contemplating putting in their applications for concessions. But Hot Springs is worthy of more care than this from the government. It should be made capable of caring comfortably for many thousands of invalid citizens. Hotels, theatres, libraries and places for recreation and amusement should be erected by the government, all according to some definit plan created by some artist-architect with a soul big enuf to see the possibilities. A fire recently cleared the way for such an undertaking by destroying large areas of the old city of Hot Springs, and no irrevocable concessions should be made that might in the future interfere with the harmonious development of this Carlsbad of America.—*Southern Medical Journal.*

Blank for Reporting Venereal Disease.

Dr. W. C. Hess, of Cresco, Iowa, sends us one of the blanks used in that state for reporting venereal diseases, of which the following is a copy:

State of Iowa No.....
(To be used by State Board of Health.)
County of.....
City, Town or Township of.....

REPORT OF CASE OF VENEREAL DISEASE.

The maximum penalty for failure to report cases of gonorrhea and syphilis to the Local Board of Health within twenty-four (24) hours is a fine of One Hundred Dollars ($100), imprisonment in the county jail for thirty (30) days and revocation of the license to practise medicine, surgery and obstetrics in the State of Iowa, Chapter 212, Laws of 1913.

Serial Number Given to Patient by Me	Age	Sex	Name of City, Town or Township Where Patient Resides	Name of Disease	Probable Source of Infection

Have you carefully impressed upon the mind of the patient the serial number under which you will report his case to the Local Board of Health?.....

Names and addresses of persons who have previously treated this patient:

Dr..... Address.....
Dr..... Address.....
Dr..... Address.....

Has he previously been reported to a Local Board of Health in this state?.....

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When, where, by whom and under what numbers?
.....
.....
.....
.....
.....

Name of person reporting: Dr.....

P. O. address and date....., 191..

Physicians:—Mail or hand this promptly to Local Board of Health.

Local Boards of Health:—Make an annual report of all cases (or send duplicate copies) to the State Board of Health.

Chapter 212.

Certain Diseases Declared Contagious.

H. F. 247.

AN ACT to declare certain diseases contagious and infectious, and to provide rules and regulations for the control of the same, and to fix punishment for violation thereof. [Additional to chapter seventeen (17) of title twelve (XII) of the Supplement to the Code, 1907, relativ to practice of medicin.]

Be it enacted by the General Assembly of the State of Iowa:

Section 1. Contagious Diseases Defined. "That Syphilis and Gonorrhea are hereby declared contagious and infectious and shall be reported as contagious diseases to the Local Board of Health.

Sec. 2. Physicians' Duty to Report—Record—Name Not Disclosed. "From and after the first day of January, A. D. 1914, it shall be the duty of every physician and surgeon practising within the state of Iowa, to report to the Local Board of Health, within twenty-four (24) hours, every case of Syphilis or Gonorrhea coming to his knowledge, and shall make and preserve a record of every such case so reported, numbering each case consecutively. He shall require the person to state whether or not he has been previously reported to a Local Board of Health in this state, and if so, when, where, by whom, and under what number. The report shall state the sex of the person and the age as nearly as practicable, together with the character of the disease and the probable source of infection, and whether previously reported or not, and if so, when, where, by whom, and under what number, but shall not disclose the name of the infected person.

Sec. 3. Failure to Report—Penalty. "Any physician or surgeon who shall be called upon to treat professionally anyone afflicted with Syphilis or Gonorrhea who shall fail to report the same to the Local Board of Health within twenty-four (24) hours shall be guilty of a misdemeanor, and upon conviction thereof shall be punisht by a fine not exceeding one hundred dollars ($100) or imprisonment in the county jail not more than thirty (30) days. And in addition thereto, the State Board of Health may revoke his license or certificate to practise medicine, surgery and obstetrics in the state of Iowa.

Sec. 4. Transmission—Penalty. "Any person afflicted with either of these diseases, who shall knowingly transmit or assume the risk of transmitting the same by intercourse to another person shall be guilty of a misdemeanor, and upon conviction thereof be fined in the sum of not to exceed five hundred dollars ($500) or imprisoned in the county jail not to exceed one year, or both such fine and imprisonment. And in addition thereto, shall be liable to the party injured in damages to be recovered in any court of competent jurisdiction.

Sec. 5. Acts in Conflict Repealed. "All acts or parts of acts in conflict with any of the foregoing sections are hereby repealed."

Approved March 29, A. D. 1913.

Hookworm Disease.

In regard to the many bizarre symptoms that have been ascribed to the hookworm, a remark by Dr. Byrd, assistant health officer of Florida, is apropos. "The safest rule to follow is: In all cases of anemia that cannot otherwise be satisfactorily accounted for, examin for hookworms. Don't be thrown off guard looking for dryness of hair and skin, which may be as moist as your own; protrusion of the abdomen, which may be straight as a bean pole; history of ground itch, which you may or may not get; and any other of the hundred-and-one symptoms with which the literature is teeming, but examin the stool at once for eggs and settle this question." And it may be added, after the eggs are found, be sure from blood examination, count of parasites, or improvements of symptoms after treatment that the real trouble is the hookworm before closing the case.—H. J. NICHOLS, in *Medical Record*.

Treatment of Faint, Shock and Collapse.

Grober says that the first thing is to feel the pulse. If the symptoms suggest lack of blood in the head, the foot of the bed should be raised or the lower part of the body can be lifted. The easiest way to arouse the patient from his lethargy in case of severe syncope is with a towel wet with cold water with which the skin is slapt at various points, thighs, chest, back and arms, avoiding carefully the abdomen. At the same time the legs and the soles are rubbed vigorously with a dry cloth or hard brush. As the face loses its livid aspect, the lids and lips move; the first complaint is generally of the cold, and the skin still feels cold with a clammy sweat. Then the patient is warmly covered, hot bottles are placed in the bed, and he is given hot drinks, brandy and water, hot bouillon or meat extract. As he recovers, the room is kept quiet and darkened, with some one to watch over the pulse and respiration, keep the patient horizontal, and keep out the anxious family. A moderately severe syncope of this kind is liable to be brought on by the vitiation of the air in crowds and by fright and horror. The anemic and those with heart and lung disease succumb more readily, and the condition is more refractory to treatment.

The physician must act promptly and vigorously in such cases; long hesitation may be disastrous. The severer forms may prove directly fatal. Grober emphasizes the danger in such cases from constriction by clothing, tight collar or belt. Sometimes a knife, with the edge turned away from the patient, cutting the tight bands or garters, may work wonders. Stimulation of the mucosa with vinegar, ammonia or the like, or mechanical stimulation of the nasal mucosa with a feather or spear of grass may prove useful, especially if the feather is scorched to add a pungent odor.

An additional measure is to bandage the limbs from the periphery upward to induce autotransfusion. The pulse often grows very much better. Stimulating enemas were formerly much used and may prove of some assistance, 30 or 75 c.c. of brandy in two or three times this amount of hot water. Some of the above measures should be applied with energy, but not too long, and if the pallor, small pulse and shallow breathing continue, stimulants for the heart are necessary. He has seldom witnest any benefit from epinephrin in shock and collapse, and thinks it is more rational to give digitalis instead.

Respiration can be promoted by pressing on the costal arch region to pump more air out and in, or maneuvers for artificial respiration may be systematically applied. A few minutes may restore the respiration to normal conditions, but sometimes it must be kept up for hours, with an assistant for each arm, changing places every seven minutes to pump the other arm. The rate

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should not be more than 15 or 20 to the minute. Slapping the heart region with the flat hand, about 70 times a minute, is preferable to rougher manipulations; in the very lean the heart may be directly graspt from below thru the diaphragm if the abdominal wall is much relaxt, but it must not be forgotten that the left lobe of the liver is acted on at the same time.

In the agitation of shock, notwithstanding the weakness of the pulse and respiration, sedativs may be needed along with the stimulants for the heart. The aspiration of vomit must be prevented by keeping the head turned to the side, and wiping out the mouth and throat with the finger wrapt in gauze or with a gauze sponge. The patient must never be allowed to sit up in the first few hours after a severe syncope; the headache and insomnia are best combated by lowering the head. The dangers of collapse and shock must not be aggravated by any further loss of blood, consequently no operation should be done until the centers in the medulla oblongata have resumed their functioning. Patients who have severe syncope, shock or collapse should be kept under supervision for some time afterward to protect them against relapses and further injury of organs.—*Deutsche Med. Woch.*

Saline Infusion by Proctoclysis for Children.

Lesné has applied Murphy's method to infants in place of subcutaneous injection of artificial serum. The tolerance was perfect even in the youngest and there is no contraindication to the method, for not even diarrhea is influenced by this drop method. He administered thus 50 or 100 c.c. of isotonic serum or 4% solution of sugar and found that it was absorbed as rapidly as by subcutaneous injection. He reports excellent results from it in children of all ages with gastro enteritis, cyclic vomiting, acute alimentary anaphylaxis and typhoid fever. In some cases he added a little hexamethylenamin or epinephrin and states that the action of the latter was more effectual by the rectum than by the mouth.—*Bull. de la Soc. de Péd.*

Diagnosis and Treatment of Lumbosacral Pelvic Pain.

F. P. Henry considers lumbago undoubtedly the commonest form of lumbar pain. Obstinate "lumbago" in the female should invariably lead to a uterin examination. From a large experience with typhoid fever, he doubts its connection with so-called "typhoid spine." The *spondylose rhisomélique* of Marie is simply osteoarthritis of the intervertebral articulations, and may be recognized, when well advanced, by spinal rigidity, cervical kyphosis, and the regular involvment of the shoulder and hip joints. One variety of lumbar pain is of the utmost importance—that dependent upon metastatic carcinoma of the vertebræ. While in most instances the diagnosis of lumbago is a very simple matter, the affection has even been confounded with abdominal aneurism. The term lumbago is undoubtedly a serviceable cloak for ignorance; but it is not likely to be discarded, because it serves as the name of a genuin disease, which Gowers, who has done more than anyone else to elucidate this obscure subject, regards as an inflammation of the fibrous tissue of the muscles, and not of the sensory nerve endings.

Lumbago affords one of the best examples of the importance of early treatment. The salicyl compounds should be given a trial, and the author has seen excellent results from a single early large dose of quinin—from 10 to 20 grains. Rochelle salt may be given, in dram or half-dram doses, every hour or two until the urin is alkalin and the bowels are freely moved. A Turkish bath may be of service in the early stage. When the affection is establisht, rest is imperativ. Iodin, preferably in combination with a vegetable protein, may prove useful. Local treatment, consisting of dry cups, deep massage and the faradic current, should also be instituted.—*Medical Record.*

Treatment of Intestinal Tuberculosis.

Dr. Samuel G. Gant, of New York, states that the therapeutic measures employed by him in the treatment of bowel tuberculosis are as follows: 1. Measures for improving the general health. 2. Symptomatic treatment, using codein, guaiacol or creosote to allay irritable coughing, opium and belladonna to control pain, cramps and diarrhea, and, when necessary, combining them with an antiseptic or astringent. 3. Irrigations of ichthyol, balsam of Peru, boric acid or krameria and soda ½%, alternated daily with high injections of oliv oil and bismuth to soothe the bowel. 4. Topical applications of silver nitrate, 8%; balsam of Peru or ichthyol, 20%; made directly to the ulcers triweekly thru the proctoscope or sigmoidoscope. 5. Surgical treatment, including appendicostomy and cecostomy by means of which a way is provided for thru-and-thru irrigation; exclusion for the purpose of preventing the feces from passing over the affected segment, and resection where the diseased intestin is removed, which offers the best permanent results.

EXAMINATION QUESTIONS.

Kentucky, December 11-13, 1913.

ANATOMY.

1. Give changes of, and bones involved, in flat-foot.
2. Give anatomic reasons for Pott's fracture.
3. Give the origin and distribution of the ovarian arteries.
4. (*a*) Describe the femoral artery; (*b*) name its branches and their distribution.
5. Describe Hunter's canal.
6. Name and classify the spinal nerves.
7. Describe the lumbar plexus.
8. Locate and give detailed description of the gallbladder.
9. Name and describe the ligaments of the bladder.
10. Give structure and blood supply of the uterus.

Answers.

1. *Flat-foot:* Ordinarily the sole of the foot does not rest on the ground; the points of contact are the os calcis, the head of the first metatarsal bone and the head of the fifth metatarsal bone. But in *flat-foot* the arch breaks down, the entire plantar surface rests on the ground, the ligaments are overstretcht, the concavity on the inner side of the foot disappears, and the foot appears longer and broader; the patient walks on the inner side of the foot, and the foot is everted and abducted.

2. *Potts' fracture* is caused by a twisting or forcible eversion of the foot; the internal lateral ligament is severely stretcht and is either ruptured or else it tears off the internal malleolus; the external malleolus is forced outward, and the fibula breaks at its weakest point, namely, just above the malleolus.

3. The *ovarian arteries* arise from the abdominal aorta, and are distributed to the ovaries; branches also go to the ureters, Fallopian tubes, broad ligament, and to the uterus (thru anastomosis with the uterin artery).

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4. The *femoral artery* is the direct continuation of the external iliac; it begins behind Poupart's ligament, passes down the front and inner part of the thigh thru Scarpa's triangle, and terminates at the opening in the adductor magnus, where it becomes the popliteal artery. Its *branches* are: Superficial epigastric, superficial circumflex iliac, superficial external pudic, deep external pudic, profunda femoris, muscular, and anastomotica magna. By means of these various branches it *is distributed to:* Superficial inguinal glands, skin and superficial fascia of the inguinal region, penis and scrotum (or labia majora), perineum, flexor muscles on the back of the thigh, the adductor muscles of the femur.

5. *Hunter's canal* is situated in the middle third of the thigh, extending from the apex of Scarpa's triangle to the opening in the adductor magnus muscle. It is covered over by an aponeurosis which extends from the vastus internus to the adductor longus and magnus, and contains the femoral artery, femoral vein and internal saphenous nerve. Externally, the canal is bounded by the vastus internus; and internally by the adductor longus and magnus.

6. There are thirty-one pairs of spinal nerves, which are classified as follows: Cervical, 8 pairs; thoracic, 12 pairs; lumbar, 5 pairs; sacral, 5 pairs, and coccygeal, 1 pair.

7. The *lumbar plexus* is situated in the psoas muscle, and consists of branches of communication between the anterior division of the four upper lumbar nerves. The arrangement of the plexus is quite variable. The branches are: Iliohypogastric, ilioinguinal, anterior crural, genitocrural, cutaneous, obturator, and accessory obturator.

8. THE GALL-BLADDER AND BILE-DUCTS.—The *gall-bladder* is a conical bag placed in a fossa on the under surface of the right lobe of the liver. Its upper surface is attached to the liver, and its fundus and posterior surfaces are invested by peritoneum reflected from the adjacent surface of the liver. The body is in relation in front with the liver, and behind with the first part of the duodenum, the pylorus, and the hepatic flexure of colon. The fundus is in contact with the parietes opposite the ninth right costal cartilage. It is about four inches long, and holds about one ounce. Its duct passes from the neck of the gall-bladder downward, backward, and to the left to join the hepatic duct.

9. *Ligaments of the bladder.*—There are five true ligaments, and five false ligaments. The *true ligaments* are: Two anterior ligaments, which extend from the back of the pubic bone to the front of the neck of the bladder; two lateral ligaments, derived from the pelvic fascia; and the branches, extending from the summit of the bladder to the umbilicus. The *false ligaments* are: Two posterior ligaments extending from the posterior and lateral portion of the bladder to the rectum or uterus; two lateral ligaments, and the suspensory ligament. The false ligaments are all formed by folds of the peritoneum.

10. The *uterus* is composed of an external or serous coat, a middle or muscular coat, and an internal or mucous coat. The serous coat is derived from the peritoneum and covers the fundus and posterior surface; the anterior surface is covered as far as the junction of the cervix with the body. The muscular coat forms the bulk of the uterus, and is arranged in three layers, an outer, middle, and inner. The mucous membrane is adherent to the muscular coat, it lines the uterus thruout, and is continuous with the lining of the vagina and also with the Fallopian tubes and peritoneum. The *arteries* supplying the uterus and the uterin and ovarian.—*Medical Record.*

(To be continued.)

BOOK REVIEWS.

FIRST-YEAR NURSING. A textbook for pupils during their first year of hospital work. By Minnie Goodnow, R.N., formerly Superintendent of the Woman's Hospital, Denver; Directress of Nurses of Milwaukee County Hospital; Superintendent of Bronson Hospital, Kalamazoo. 328 pages, illustrated. Philadelphia and London: W. B. Saunders Co. Price, $1.50, net.

The book is intended as a companion volume to Charlotte Aiken's "Primary Studies for Nurses," used in many training schools. Advanced work is omitted that first-year work may be duly emphasized. It includes chapters on Care of Babies, Obstetrics, and The Operating Room, not because this is theoretically in order, but because in many schools for nurses the first-year girls must do some of this work. The course outlined by the Training School Committee of the American Hospital Association is followed closely. The text is clear and well adapted to the needs of the novitiate. Many physicians will find it serviceable to place in the hands of those forced to do nursing without training. Each chapter concludes with a number of "review questions," which serve to fix the salient points firmly in the mind of the student nurse.—A. L. R.

A MIND REMEDY. By John G. Ryerson, M.D., Boonton, N. J. Contains 82 pages. Price not stated.

The text calls attention to lactose (sugar of milk) as a remedy for many so-called incurable diseases—such as have no known pathology and no as yet isolated germ. The author lists forty-two such conditions, including asthma, diabetes, goiter, irregular teeth, organic heart disease, fibroids, angina pectoris, amenorrhea, eczema, etc. The author reports many cases from his practise relieved and cured. He claims that he realizes that to read the text may be "too great a tax on the credulity of the reader, but those that read to the end are sure to be rewarded, and must admit that all is true, or that as a fabrication, for boldness and originality, it is without a parallel in the annals of fiction." Of course, the editor has not tried it all out in his practise, but can avow that the treatment will do no harm, even if it does no good, and we have all certainly learnt that remarkable results have at times followed measures we were prone to ridicule.—A. L. R.

MAN'S REDEMPTION OF MAN. A Lay Sermon. By William Osler. 59 pages. Publisht by Paul B. Hoeber, 69 East 59th St., New York, N. Y. Price, 50 cents, net.

This is an address delivered at a service held for the students of the University of Edinburgh, in connection with the movement for prevention of tuberculosis. It is a classic and reveals the versatility of the author in a new light. Biblical lore is taken as a basis and there are numerous quotations. It is an essay of optimism and cheerfulness, indicating that the general belief is that we are on the verge of the best time that the world has ever known in the relations of man to his fellow-man. It is not only well worth the price to read once, but it is worth the price every time a man reads it afterward, and it will be many times read by the fortunate possessor.—A. L. R.

NEW ASPECTS OF DIABETES. Pathology and Treatment. By Prof. Dr. Carl von Noorden, Professor of the First Medical Clinic, Vienna. 160 pages. Publisht by E. B. Treat & Co., New York, N. Y. Price, $1.50.

This book is the text of lectures delivered in October, 1912, before the New York Post-Graduate Medical School. Von Noorden has been in the front rank of investigators of metabolism for twenty years. In this lecture he limits himself to a few of the most important questions in pathological chemistry and to some of the aspects of therapy of the disease. He has personally handled in his clinic over 2,000 cases, and insists that proper treatment is quite different from what it was seven years ago, when he had lectured on this disease in New York. Cases are divided into slight, semi-severe and severe types, and directions for diet are given under each. The "oat cure,"

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the management of the rising acetone and all other phases of progress are followed tersely and succinctly. Importance is laid upon the early treatment, and while admitting that some cases will progress persistently in spite of any therapeusis, "there are numerous cases in which success is attained and we are able to hinder, or avoid, the onset of the complications of coma."—A. L. R.

THE HYPODERMIC SYRINGE. By George L. Servoss, M.D., editor of *Nevada Medicin*, Member of Nevada State Medical Association, Fellow of American Medical Association. 317 pages. Physicians' Drug News Co., publishers, Newark, N. J. Price, $2, net.

This book is a discourse on the hypodermic syringe, the various remedies used, dosage; hypodermic, intramuscular, intraneural, and perineural injections, serums, vaccines, mercurials, tuberculins, chemicals, etc. It also considers anesthesia, shock and syphilis. It is really a materia medica of the hypodermic syringe. The book contains the very latest and most useful information concerning the classes of remedies discust, and cannot fail to be of great service to any physician. An index would have added to the value of the book.—J. C. R.

TEN SEX TALKS TO BOYS (10 YEARS AND OLDER). By I. D. Steinhardt, M.D., Instructor in Clinical Surgery, Cornell University. 187 pages, 12 illustrations. Phila.: J. B. Lippincott Co., publishers, 6th and Locust Sts. Price, $1, net.

The author takes up his subject with the view to teaching the boy exactly what he should know about the sex matter. And he endeavors to show how it can be best done. He gives a series of talks that gradually open up the subject. It will help many a father or physician to know what to say and how to say it. Just such things are necessary and we all are gradually approaching a solution of this momentous question.—J. C. R.

THE PHILOSOPHY OF RADIO-ACTIVITY. By Eugene Coleman Savidge, M.D., Member New York Academy of Medicin, New York Obstetric Society, American Medical Association, etc. 151 pages, 4 illustrations. Publisht by William R. Jenkins Co., Sixth Avenue at 48th Street, New York. Price, $1.50, net.

With text unencumbered with details of experiments or therapy, the author points out the new philosophy to be discerned in the workings of this vast energy. This energy, a quarter of a million times greater than any before known, is now seen to be part of the national domain. There is sufficient original presentation to make this book part of the permanent bibliography of the subject. Radio-activity is the "ebb of the force which vitalizes the universe." Duration and space, annealed together by the forces of the cosmos, slowly disengage according to mathematics, which never vary. Astronomers are yet reluctant to accept the logic of radio-activity, for it alters their "square of the distance" in computing planet temperatures. Chemistry, however, has promptly reconstructed its atom. Geology, forgetting its old strife with physics, now figures the age of the earth in new terms. So it has been in physics and biology. Dr. Savidge's thesis is that matter is involuted with selectiv purpose, and that there is an "attraction of duration for matter" as mathematical as the attraction of gravitation. Along with possible tendencies, or "instincts" in matter, run radio-activ influences which seem to set the hereditary type, if they do not, indeed, determin sex itself.—J. C. R.

A MESSAGE OF HEALTH. By Russell C. Markham, M.D. 123 pages. Phila.: Boericke & Tafel, 1011 Arch St. Price, 75 cents, net.

The author here presents a book on what and how to eat, and how to live, his aim being the restoration to and maintenance of health. One chapter explains the homeopathic law of similars. Tables of food values are included. The book is intended for the use of the laity, and will be of value for the purpose intended.—J. C. R.

A HANDBOOK OF PSYCHOLOGY AND MENTAL DISEASE. By C. B. Burr, M.D., Medical Director of Oak Grove Hospital, Flint, Mich. 4th ed., 243 pages, 10 illustrations. Publisht by F. A. Davis Co., 1914 Cherry St., Phila. Price, $1.50, net.

This very interesting manual by Dr. Burr is well known to us and we can highly recommend it as a handbook on its subject. Some very abstruse psychology is made very plain by the author. It is designed for use in training schools for attendants and nurses, for medical classes and as a ready reference for the general practician. Psychology, symbolism, insanity, management of cases of insanity from the medical and the nursing standpoints make up the book.—J. C. R.

DIE HEILWIRKUNG DES RADIUMS. Nach einem Vortrage, gehalten vor der Roentgen-Society in London. Forty pages, 36 illustrations. Von Dr. Siegm, Saubermann, Berlin-Vienna. Publisht by Radium, Limited, U. S. A., 25 W. 45th St., New York City.

This pamphlet relates to the subject of radium emanation therapy. It is of interest to the physician desirous of using the radium emanation in treating those diseases which it influences, on account of its thoro but concise discussion. The book is printed in the German language. It will be sent free to our readers on application to the publishers.

RADIUM AND RADIOTHERAPY. Radium, Thorium and Other Radio-Activ Elements in Medicin and Surgery. By William S. Newcomet, M.D., Professor of Rentgenology and Radiology, Temple University, Medical Department; Physician to the American Oncologic Hospital; Fellow of the College of Physicians of Philadelphia. Illustrated with 71 engravings. Lea & Febiger, Philadelphia and New York, 1914. 8vo, 315 pages. Price, $2.50.

It is with pleasure that THE WORLD is able to quote this new manual by an American authority that will be found really practical for everyday reference by the family doctor as well as by the specialist. Almost overly cautious, indeed, is this conservativ observer when he tells us of the many more important uses for these elements than had been commonly understood. Their developmental history, chemistry, physics and physiology are told in concise English, while the various modes of their local application and internal administration are given with ample detail. What the average doctor will also welcome is advice on how to test the quantity and quality of this material when about to purchase. Advanced therapists in growing numbers now resort to radio-activ remedies, and "Newcomet on Radium" is advised as the American standard for these among our readers.—A. B. H.

The *Annals of Surgery*, beginning with the July, 1914, issue, appeared in enlarged size of page with somewhat smaller type than that in which the original contributions have heretofore been printed. The new form enables the publishers to give the reader more material and greater comfort while reading than it could have been possible for them to present in the former size. The July issue has a choice collection of important articles of exceptional value to the general practician as well as the surgeon.

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TRAVEL TALK

By the Editor, Dr. C. F. Taylor.

Denmark.

I NOW know why the white walls and the red tile roofs appeared so suddenly after we crost the line into Denmark, whereas this combination was not seen at all in Schleswig. Red and white are the Danish colors; and a building with a red roof and white walls would not be tolerated in the (now) German Schleswig. Many Danes still living there would be glad to display the red and white, but they dare not. The Danish flag is a white cross on a red ground; and it is so old that they have no history of it except a tradition that it came down from heaven.

And now I will try to tell you why I was attracted to Denmark. But in order not to make the story too long, I will not go into the history of Denmark except such points as are necessary to the interpretation that I wish to make prominent.

Just fifty years ago a turning point in the history of Denmark was forced upon her. Up to 1864, Denmark played the war game, and played it well. In early history, the Scandinavian Vikings were the nomads of the sea. They roved over the Baltic and the North seas, and far beyond, seeking what they might capture, for piracy was then respectable, if successful. Denmark is fortunately situated at the entrance of the Baltic sea; and this advantage was used to the limit. About 25 miles north of Copenhagen is a narrow strait which is the gateway to the Baltic. This was fortified by the Danes, and the commerce entering or leaving the Baltic was compelled to pay tribute, just as the "robber barons" of the Rhine placed the commerce of the Rhine under forced tribute. And it was not until as late as 1857 that the maritime nations of the world purchast the freedom of this passage by the payment to Denmark of about $17,000,000. Doubtless this money was consumed in the war of 1864. Money gotten in such a way could not, in justice, lead to any permanent good.

Wounded bugler sounds the call while being carried by a soldier.

The Loss of Schleswig-Holstein.

The war of 1864 was over the possession of the provinces of Schleswig and Holstein. Denmark had at times held Norway, Sweden, and various provinces on the south shore of the Baltic, now northern Germany, but the misfortunes of war had taken all these away; and now the narrow strip lying between the Baltic and the North seas, consisting of Holstein and Schleswig, was coveted by Germany, and the other European nations seemed to be unwilling to interfere. The struggle was fierce, but unequal. The accompanying picture of a statue, which stands in Copenhagen at the head of a prominent street opposit the Raadhuset (town hall) illustrates the spirit of the Danes in war. The wounded bugler sounds the attack while being carried by a strong soldier advancing to the attack. Such a spirit cannot be crusht except by unequal numbers; and then it will find a way to rise again.

Defeated, and robbed of about half her territory, in many ways the better half, Denmark was prostrate. The old game of war, which she had played since her earliest history, was now played to a finish—and, of course, it left her poor. The German ports, where she had been in the habit of marketing her grain, were closed to her—to increase her poverty and humiliation. She had no mines—no coal nor iron. Her commercial forests had long since disappeared. She had only her land, much of it sandy or swampy, and the rest pretty well exhausted by constant tilling. Can a prospect more blue and disheartening be imagined?

All Lost but Courage.

The darkness before the dawn is proverbial. When an unconquerable people taste the bitterest dregs at the bottom of the cup, then they will struggle to their feet again and find a way to raise their heads above the waves of disaster. The Danes took stock of all they had left, which was only a country smaller than ever before, poor, and exhausted in every way but one—the courage of its people. Possibly the closing of the German ports against Danish grain was a blessing in disguise. The lands were too impoverisht for continual grain growing, and had begun to show diminishing returns. It is with great difficulty that we are turned from an error into a better way. So with the Danes. Even with the defeat and great poverty, it was not until about 1880 that they found the escape from their misfortunes. Their lands needed rest from constant tilling. That meant grass; and grass meant cattle; and cattle meant a change in the products of the country from grain to—beef or dairy products? Which? That was not hard to decide. This small country could not be a beef-producing country. It must be workt as intensely as possible, and that meant the dairy. And the Danes do things thoroly. They saw that a new education must go with the new way of working the land. Therefore what they call "high schools" were establisht. But these were not for Latin, Greek and the higher mathematics, like our high schools. They were for educating the people, old and young, in practical methods of dairy farming and the technics of other industries. Old and young come in to the "high school"

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for one, two or three months per year, as they can afford.

The Recovery.

The right path being found, the development was rapid; and now, 50 years after the defeat, Danish butter is known all over Europe, and it commands the highest price. I remember that I ate Danish butter and English jam in Egypt and Palestine in 1893.

What I wish to call particular attention to is the lesson that the Danes have learnt so bitterly and so well; and all the world must sooner or later learn the same lesson. In former times the Danes used to invade England, and nearly always with success. But, if I may guess, I suppose that no single invasion produced booty of more than, say, one to three hundred thousand dollars in gold. Perhaps that is an overestimate. In recent years the Danes have resumed their invasions of England, with *butter* as their ammunition; and with this magical ammunition they capture about $50,000,000 of British gold every year! This seems beyond belief; but the London *Times* for June 8, 1914, is before me, which gives the following figures: Imports of butter from Denmark, 1913, £10,657,000. We usually count an English pound sterling at $5; but it is a little less—about $4.84 on an average. So this amounts to a little more than $50,000,000.

Invasions Resumed, with a New Kind of Ammunition.

In one week in February, 1914, at Leith, 7,861 casks of Danish butter, 100 pounds each, were received; at Grimsby, 7,784 casks; at Newcastle 7,827; Hull, 4,676; Goole, 2,581; Harwich, 3,885. This will give you an idea of how they are "bombarding" the ports of England with the new ammunition; and this new warfare results in the capture of more gold than the Vikings of old ever dreamed of. And with this wealth of English gold, the Danes can obtain whatever they want in the markets of the world. The old method of warfare and the old agriculture would have "wiped this little country from the map" long before this fiftieth anniversary of the terrible defeat. Instead, this half century has discovered and developt the new way, by which Denmark stands forth as a shining example among successful nations, and the Danes have again proven themselves to be champions.

The new Vikings have learnt how to capture more gold than the ancient Vikings ever thought of in their wildest fancy. And by the new magic the "enemies" are made stronger, not to combat the Danes, but stronger to get more gold for the Danes to come and "capture" next year! The old Vikings could never have believed this—they never could have understood it.

The Treasure is at Home.

An Oriental youth left his father's house, full of hope, to seek his fortune in the great wide world. Years after, he returned, broken, weary and discouraged. He had been defeated in every endeavor, and all that was left for him to do was to return to his father's house and confess his failure and defeat. As he stumbled and fell into his father's doorway, a stone was dislodged, revealing a sparkling pebble which proved to be a diamond. Digging developt a mine of great value. Whether this story is true or not, it is true that men and nations frequently seek far away for treasures that lie under the home doorstep. Denmark did it for centuries. May we imagin the people of Denmark, bleeding with defeat, prostrating themselves upon their diminisht and impoverisht country, and then finding unsuspected treasures in the nativ soil? This has been literally true.

Economy and Co-operation.

This modern miracle has been accomplisht by industry and intelligence. I had the privilege of inspecting some farms—not fancy farms, for I insisted on seeing only *ordinary* farms—typical farms of the people. The barns have drains leading from the stalls of the cows and horses to a reservoir outside adjoining the manure pit. The urin from the animals is thus drained into the reservoir, from which it is pumpt into a sprinkler every week or two and sprinkled on the land. Did any American farmer every think of doing that? A large percentage of the manure value of the barn, wasted by American farmers, is saved and changed into wealth by Danish farmers. I was told that the growth of grass or other crops shows decidedly just how far the sprinkling extended and just where it stopt—convincing proof of the value of this method. As I am not writing a work on farming, I must let this one fact illustrate the thrift of the Danes. There are several books on Danish agriculture which may be procured and read by any who wish to follow this subject up in detail.

Another element of strength that the Danish farmers have developt is the power of co-operation. The milk is sold to creameries, which are owned and operated co-operativly. If a farmer wants to sell a pig, he turns it over to the co-operativ society's agent with full knowledge that he will get the full value of the pig, without any middleman's profit being deducted. Purchases are made collectivly, eliminating the profits of middlemen. Indeed, some claim that the supremacy of Danish agriculture is due chiefly to co-operation.

Denmark's new prosperity is due to agricultural development; and this is due to education, industry, economy and co-operation. There are many collateral developments that I have not even mentioned, some of which are: state aid to farmers with insufficient capital to begin for themselves, and state credit extended to associations of farmers. Thus you see that the farmer helps the state by his industry, and the state helps the farmer by extending opportunities to him; and thus a people has been raised from poverty and despair to one of the most prosperous peoples in Europe.

Pigs for Bacon.

I must not omit the pigs of Denmark. Every farmer has them. He feeds to them the skimmilk from the creamery. Holland makes cheese from the skimmilk and sends it all over the world. I have never cared for Holland cheese, and when I learnt, three years ago, that it is made from skimmilk, I understood why I greatly prefer our nice rich American cheese made from whole milk. There is a sentiment here among the creamery associations against skimmilk cheese. I suspect that it is because they consider it a sort of cheat. The modern Vikings are *honest*. The skimmilk in Denmark is fed to the young pigs—and perhaps in some cases to the calves. I inspected the pigs on several farms and they were all the same type—long and rather lank. I askt why they do not introduce the "chunky" and heavier types from America. Then I got some of the deepest hog philosophy that has ever come my way. We raise hogs chiefly for hams, shoulders and lard; and our

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bacon is second or third grade—too fat. The Danes raise hogs with a view to supplying the English market with bacon; and in order to command the highest price they always have the demands of this market in view. Hence the type of hog that I have described, with long, broad sides and not overfat. I noticed that farmers still raise small fields of rye, barley, wheat and oats, rotated with grass and roots and carefully fertilized—but not for export as grain, but to feed to their pigs. These grains are mixt and ground by the numerous windmills, and then fed to the pigs. These grains make lean meat. Hogs fattened on maize (our Indian corn) would not suit the market here—that is, the bacon from them would not suit the English market. Unfortunately, I have no statistics concerning the number of pigs and the value of the annual bacon product in Denmark, but it is a substantial source of income, perhaps next to butter.

$100,000,000! Wouldn't that make the old Vikings turn green with envy? And why do they send so much to England? Because it is the best market. London is the financial center of the world. The English can pay the highest prices, and the Danes strive for quality in order to get the highest prices. Their products go in increasing quantities to other markets, also; to Germany and France, for example; but England is their chief market.

In the line of agriculture I must not omit mention of seed production. Near Odense (O'-den-se) I was taken over the seed farm of L. Dæhnfeldt, consisting of 800 acres. From here vegetable and flower seeds and seed wheat, oats, rye, etc., are sent all over the world. They are also beginning bulb culture (tulips, hyacinths, etc.) *a la* Holland; but they still have to import bulbs from Holland to supply their trade. I also heard that the cauliflower seed for the world is produced in Denmark.

A wide-spreading beech tree of Denmark, with a herd of deer.

The Danish Hen.

And eggs must not be forgotten. They are produced and cared for with the same care and intelligence that characterizes the production of butter and bacon here, always with a view to securing the highest price. Every egg is stampt with the date of its birth. In 1912 Denmark sent to England 3,624,000 "great 100's"—a great 100 is 120. This makes a total of 434,880,000 eggs! Quite a "bombardment" with egg ammunition. Butter going into England every year amounts to many thousands of tons, but I haven't got the figures in that form. Think of a thousand tons of butter! then think of fifty thousands of tons!—and more than 50,000 of tons of butter go from Denmark to England every year. I haven't the statistics for bacon, but it comes next to butter. In 1912, Denmark sent to England food products, consisting chiefly of butter, bacon and eggs, to the amount of over In these lines there are profitable possibilities that will doubtless grow in Denmark.

The New Vikings.

Denmark is not a country for scenery, except for quiet rural views. It is not a country for tourists, tho many Germans come up here for sight-seeing, as they can come up in about a day. It is not a cheap country. And while its art collections are good, particularly in statuary, it cannot compete with France, Holland, Germany and Italy in art. But after reading what I have said about this brave and sterling little country, perhaps you understand why I wanted to approach it overland thru Holstein and Schleswig, and stand face to face with the new kind of Vikings in this fiftieth anniversary year of their great defeat, from which they have wrested the greatest victory of Scandinavian history.

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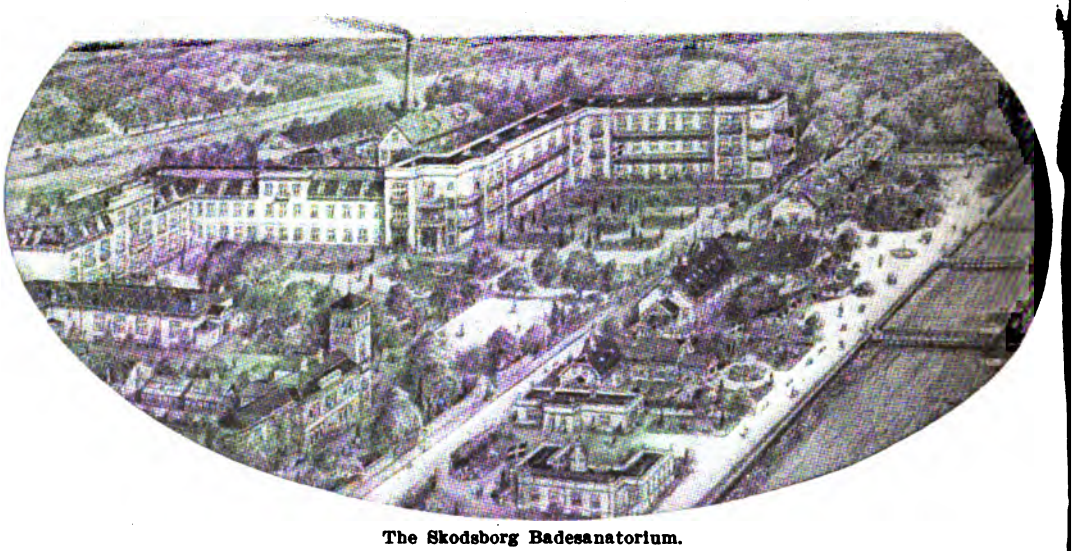
I am not a linguist. But I have heard the attractiv rounding language of Spain; the music of Italian; the unattractiv guttural German, and the rather unpleasant nasal twang of French. I have listened interestedly to the Danes converse with one another, and they impress me as a people of gentle speech. They do not gesticulate like the French.

A Great Sanatorium.

When I arrived in Copenhagen I had a dreadful cold; so I had a double reason for presenting the letter which I had to Dr. Carl Ottisen, who generously invited us to be his guests in order that I might take his treatments, of which I will tell you. The Doctor has been to various medical centers to investigate mechanical therapy of various kinds. He has been in America two or three times, and was greatly imprest by the work done at Battle Creek, Mich. About sixteen years ago he establisht a sanatorium similar to that at Battle Creek, at Skodsborg, several miles north of Copenhagen.



The Skodsborg Badesanatorium.

The best proof of its merit is its exceedingly rapid growth. He has found it necessary to enlarge nearly every year, until now he accommodates over 300 patients, and at this season of the year he has to refuse a dozen or two per day. Every day every patient receives from a skilled manipulator a treatment consisting of alternating hot and cold local packs, according to prescription by one of the medical staff, followed by the electric light cabinet or the "salt glow" (a rubbing all over with wet salt), followed by general massage. This treatment calls every part of the anatomy into action. I took it daily with much benefit. Special cases receive electrical treatment of various sorts, radium treatment, etc., according to indications. The food is confined almost entirely to cereals, vegetables and fruits.

The sanatorium is beautifully situated between the sound and the state forest, or king's deer park, a beautiful state reservation of about twenty square miles. On Sundays and holidays many thousands of people picnic there. The prevailing tree is the beech. The winding walks thru this forest are beautiful; and in the open spaces an occasional spreading beech is perfect. I present a picture of one. I first thought that a beech tree should be the emblem of Denmark; but I guess a cow would be a more practical one.

The Small Nations.

Now, my friends, I have given neither a history nor a guidebook of Denmark. But I have sought to give you an interpretation of what Denmark has done in the last half century. This is what brought me here; and is it not of sufficient importance to tell to 25,000 American doctors, some of whom are perhaps Danish and many of whom have Danish blood in their veins? The study of small nations with a great past is very interesting; and none is more interesting than Denmark. You remember that we took up Holland three years ago. The great world has been developing so rapidly during the last century that the smaller nations have been overshadowed by comparison. But let us not forget them and their history. They have done well to hold their places as well as they have. They have given good blood to the newer countries, particularly to our own.

Comparisons are odious, but they are illuminating. The last authoritativ statement of the population of Denmark, presumably in 1910, is 2,585,660; tho now nearly 3,000,000 are claimed. And the area is 15,388 square miles. This is about one-third the area and population of Pennsylvania or of New York state. When we think of it in this way, Denmark is not so "much." But, as we have seen, Denmark has a notable past and in some respects a still more notable present. Attention to it is well worth while.

(Continued over next leaf.)

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What Was the Cause of the War?

This is the most important question just now. It is askt on every side, but few can answer it accurately. I will try to do so. I have examined all the official documents and dispatches to and from the British government concerning the questions at issue up to the time of the participation of that government in the hostilities, and also all similar documents publisht by the German government, with authorized comments on the latter. The reason for treating this subject in the leading editorial in a leading medical magazine is this: The medical profession is vitally interested in all subjects that deal with life and death. War deals with death, chiefly, while the chief interest of the medical profession is life. An earnest council of learned physicians will consider anxiously one precious life trembling in the balance; war demands the prime of humanity in perfect health and then ruthlessly sweeps them down to death by hundreds and by thousands! The most wanton havoc ever known is now in progress among the most advanced nations of Europe! It is fitting that we should pause a little while in our life-*saving* work to inquire why.

The crown prince of Austria was murdered June 28th by an anarchist. The murderer was not a Servian subject, but it was claimed that the plot was hatcht in Servia and that certain Servians, some of them officials, aided in developing and executing the plot. This murder was the climax of bad feeling which had existed between Austria and Servia for some years. The Austrian government made extreme demands upon the Servian government, and demanded a satisfactory reply in forty-eight hours! Servia gave what is almost universally considered a very reasonable reply, ending with the suggestion that if the reply was not satisfactory, the matter be referred "either to the International Tribunal of The Hague, or to the Great Powers which took part in the drawing up of the declaration made by the Servian Government on the 18th of March, 1909."

Please keep in your mind the last mentioned, and realize that Servia's agreement was with *the Powers,* and not with *Austria,* and therefore should have been accountable to the Powers. It was on this theory that Sir Edward Grey, the British Foreign Secretary, sought to bring about a conference of the four leading Powers not immediately concerned, that is, England, France, Germany and Italv, to deal with the matter. Germany was necessary to the success of this plan, and all the other Powers were agreeable to Sir Edward Grey's proposition. Concerning Germany in this matter, let her speak officially. The following telegram was sent by the Imperial German Chancellor to the Imperial German Ambassador in London:

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> JULY 27, 1914. Nothing is known here as yet as to a suggestion of Sir Edward Grey to hold a four-sided conference in London. *It is impossible for us to bring our ally before a European court in its difference with Servia.* Our mediatory activity must confine itself to the danger of a Russian-Austrian conflict.

I have italicized the vital, the fatal, sentence—a sentence that has proved fatal to so many innocent men. *Why* should not Germany join with the other Powers concerning the differences between Austria and Servia? That was the starting point of the whole trouble that is now raging in Europe. If that had been fixt up promptly, there would have been no general war. And why should not Germany "bring its ally before a European court" as well in its difference with Servia as in any difference with Russia? There was no difference between Austria and Russia except that Austria wanted to be let alone while she pounded Servia, and that Russia could not permit. However, Russia was perfectly willing that England, France, Germany and Italy should adjust the Austro-Servian relations. Germany was unwilling to join in this, and *that* was the cause of the war.

Germany and Austria wanted an outlet to the southeast, and Servia stood in the way. There has long been a growing party in Germany whose motto is, "From the Adriatic to the North Cape." Teuton ambition, under the Kaiser, was to dominate Europe. The unhesitating way in which Germany trampled upon Belgian neutrality, and thus broke a solemn treaty to which she herself was a party, indicates the way in which Holland, Denmark and Norway would have been treated the moment that Germany might decide that they stood in the way of German control of the North Sea—provided Germany had the power.

In Sweden I got the following from a military officer: "During the recent visit of the President of France to the Czar it was agreed that in 1916 would be the great war. It is well known that neither Russia nor France is now ready. In two years they intended to get ready. Germany is now ready, and she could not afford to sit idly while her enemies were getting ready to fight her. This is well known among German military officers. The only question was, will it be now or in 1916?"

The Swedish officer who told me this is both intelligent and conscientious, and his statement made a deep impression on me. I wanted to find out more, but I was unable to find substantiation of this statement. In Denmark I had rather good facilities for inquiry, and the above statement was at once scoffed. The immediate reply was, "Why, they have been saying the same thing about England for years." So I had to conclude that this was one of the ways in which the war spirit is stirred up in Germany. During my return voyage I met a college professor who is familiar with Germany, and who had been there this summer until he had to get out. He has much reason to love and admire Germany, but he said that the military spirit is all-pervading. The press is used with consummate skill to spread and intensify the war spirit. The people are led to think that their neighbors are against them, and that their existence as a nation is threatened. I well remember one thing that the professor said: "They say they are surrounded by enemies. If so, why? Why do they not act so that their neighbors will be their friends?"

If you are askt what was the cause of the war, put your finger on the dispatch above given. If the Austro-Servian difficulty had been taken up by England, France, Germany and Italy, and settled, there would have been no Russian mobilization and no war. All were willing to settle the Austro-Servian difficulty in this way except Germany. It could not have been done without Germany. Now place the responsibility.

As a friend of Austria and of the peace of Europe, Germany should have been ready and eager to join the other nations in removing the original cause of the general disturbance. Germany knew that unlimited military operations of Austria against Servia would precipitate a general war. Instead of consenting to join the other nations in adjusting the Austro-Servian relations, Germany declared war on Russia and struck at France thru Belgium, a peaceful, neutral neighbor. Does it not look like Germany wanted war, and wanted it *now?*

I still love Germany, a great and beautiful country. I still love the German people, industrious, honest and wholesome; but I detest the arrogance and militarism of the German government. This must be crusht, for the peace of Europe, and for the lasting good of the German people.

Russian mobilization is given by Germany as the cause of the war. Adjustment of the Austro-Servian difficulty would have removed the cause of Russian mobilization, and Germany would not consent to that.

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Germany declared war on the east and struck on the west. So it seems that Russian mobilization was not her chief concern.

This war is the greatest crime in human history. It proclaims a sad and fatal defect of our civilization. For years we have been thinking that such a thing was impossible—that humanity was too intelligent. Our civilization is having an awful tumble. We thought the crudities of a century ago permitted the Napoleonic slaughters. What shall we think of this?

It is estimated that about 50,000 people per day are losing their lives in this awful conflict. And they are not the defectiv and the decrepit, but they are the flower of European manhood in the youth and prime of life. The prevention of such slaughter in future is the most important problem that faces humanity. It is said that the Asiatic yellow races are immensely pleased and somewhat amused to see the leaders of the white race act so foolishly. If the south sea savages could read the newspapers, what would they think of Christianity? How do you answer your children's questions about this war? It is embarrassing to face a child with the poor excuses and humiliating confessions that we must make.

The prevention and cure of disease is our work. But we must now realize that war is the most deadly disease that afflicts humanity. The blood, death, waste and destruction of the battlefield are perhaps not the worst features of this desolating disease. Think of the homes in Germany, France, Belgium, Austria, Russia and England that will never welcome back the husbands, fathers, brothers and lovers who recently departed therefrom! Hundreds of thousands of women in these countries do not know whether they are widows or not; and hundreds of thousands of children do not know whether they are fatherless or not; but they will know the dreadful truth in time. And how about the babes that should be born next year, and the next and next? Many of them that should be will not be, and who will be the fathers of those that are born? Largely crippled soldiers, old men and youths. The sociologic results of war are very far-reaching.

Diplomacy has failed—and awful has been the failure. Peace societies and peace congresses have also failed. Something different must be done. If our states had not united under our constitution, wars among them would have been numerous. But now the idea of New York fighting Pennsylvania or Massachusetts would be absurd. A federation of the nations of Europe under a constitution somewhat similar to ours, placing the implements of war and the power to declare war in the hands of a general government in which all the constituent nations would be duly represented, would make war among the nations of Europe as impossible as among our states. This is the only remedy for this dreadful disease.

However, there *may* be other remedies. We have just seen the success of the firm "watchful waiting" policy conducted by two strong men of peace, in preventing a war with Mexico. This should be duly appreciated. The old military method would have been, when an American citizen was killed in Mexico, send 10,000 or 50,000 more down there to be killed! How foolish.

And Mr. Bryan's peace plan, by which we are now in treaty with about two-thirds of the human race, binding both parties in any dispute to submit it to a disinterested board for investigation for at least one year. But that leaves the implements of war in the hands of individual nations; and when these are in the control of an ambitious and warlike monarch and his military board, such a treaty would be likely to be trampled under foot just like Germany recently trampled under foot the treaty with Belgium.

Rational humanity must find and administer to the nations a remedy for the dreadful war disease. A basic feature in the remedy must be the voluntary or forcible disarmament of individual nations. Crazy men are not allowed to arm themselves. Nations with aggressiv military ideals are even more dangerous. The Krupp manufactory and all establishments for the manufacture of implements or munitions of war should be condemned and acquired only for international purposes. Such industries should not be permitted under private control nor under the control of any one nation. Nations, in their relations with one another, are still in the barbaric stage. They need to be civilized. The actions of the nations of Europe are now "too silly for words." If the results were not so tragic it would be to laugh. Napoleon was one of the stupidest and most foolish characters in history. His Russian campaign was not only a stupendous crime, but a monstrous blunder. He did not figure it out before he went into it. The plan as conceived and executed was not rational. It was reasonable to suppose that a couple of generations, with this example before them, would develop some sense.

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But in 1870 the French went crazy again, with the usual disastrous results of insanity. And now, in this year of 1914, the Germans have gone crazy, and they will run headlong to the usual disasters of military insanity; and the innocent are being punisht along with the guilty. People who make war do not go to the front. The innocent are driven to the front. That is what makes me feel so sorry for the Germans. The Kaiser and his war board are safe enuf. It was reported that the Kaiser "went to the front." But not the "front" that the innocent men are forced to. If men who make wars had to fight them, there would be peace and amity among the nations.

After all, the best remedy for war is Common Sense. And it will have to come from the Common People. Princes and rulers have always made wars, and the common people have always fought them. War leaders have always told us that battleships and armaments were peacemakers. Now we see the absurdity of that doctrin. A battleship or an armed force doing police duty for the general peace and good order would be all right; but when they are controlled by ambitious war lords or war boards they are all wrong.

When peace comes in Europe, it should be only on the conditions that war implements of all kinds shall be put under international control, so that no one or two nations will ever in future be able to precipitate a general war. C. F. T.

A Resumé of National Antinarcotic Legislation.

The first national narcotic legislation was effected on February 9, 1909, at which time Congress passed a bill forbidding the importation of smoking opium and making possession of it a crime.

Previous to this time, and since, many states placed laws upon the statutes. As no two state laws were the same, and as state laws could not prohibit interstate commerce, the need of an effectiv national law was apparent.

Dr. Hamilton Wright was given authority by President Taft, working in connection with the Department of State, to investigate the condition and to represent the United States at the International Opium Conference (a conference of many nations formed for the purpose of investigating the opium evil and for the adoption of uniform methods for its suppression).

The universal and alarmingly increasing use of narcotics, particularly opium and cocain, was disclosed and the impracticability of much state legislation made plain by a report made by Dr. Wright, thru the Secretary of State to the President, relativ to the control of the opium traffic.

As previously stated, the United States cannot regulate the sale of narcotics in the States, but the Government can prevent (if authorized) the transmission of narcotic drugs from one state to another. They can also require dealers in narcotic drugs to pay a license for doing so, as is done with liquors, and in that way obtain the names of dealers; it then becomes a revenue measure. This was done in the Harrison Bill, as will be shown later.

At a meeting of the Council of the American Pharmaceutic Association, held the latter part of 1912, resolutions, offered by Dr. J. H. Beal, were adopted, calling a conference to be made up of delegates from the various national pharmaceutic associations to consider the subject of legislation, both state and national, in its relation to pharmacy. The conference met in Washington, D. C., on January 15, 1913. Delegates were present representing the American Pharmaceutic Association, the American Association of Pharmaceutic Chemists, the National Association of Retail Druggists, the National Association of Manufacturers of Medicinal Products and the National Wholesale Druggists' Association.

A telegram was received from the American Medical Association requesting representation thru Mr. M. I. Wilbert (of the United States Public Health Service), and the request was granted.

The conference at once took up for consideration H. R. Bill No. 25834 (known as the Harrison-Wright Antinarcotic Bill), which had been prepared under the direction of Dr. Hamilton Wright and introduced by Congressman Francis Burton Harrison, of New York.

At the hearing before the Committee on Ways and Means the Committee of the Drug Trades Conference was told that they were there too late. They, however, succeeded in convincing the committee that they had information that might prove valuable, and Mr. Harrison and Dr. Wright agreed to give them a hearing.

The conference proposed a draft of a bill which was introduced in the House by Mr. Harrison on January 20th and became known as H. R. Bill No. 28277.

The actual purpose of the bill was to stop.

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as far as possible, the use of narcotic drugs. The government could not, however, control the shipment of drugs except from state to state; therefore it was made a revenue measure whereby Federal control could be exercised to a considerable extent by requiring all dealers to pay a small government license for the privilege and requiring orders for narcotic drugs to be made upon numbered blanks supplied by the government. Consequently, no dealer could obtain narcotics without the knowledge of government officials. While the bill was nominally a revenue measure, the fee required was considered no more than the cost of administration.

Owing to the congested condition of affairs in Congress (the session was about to close), Mr. Harrison concluded not to report the bill out at this session, but stated that it was his intention to present the bill immediately after the convening of the special session of Congress which it was understood Mr. Wilson would call soon after his inauguration as president.

Mr. Harrison introduced the bill, which had been thoroly revised after many conferences, and it became known as H. R. No. 6282. Physicians are familiar with this bill. It provided for the registration of, with collectors of internal revenue, and to impose a special tax upon, all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivativs, or preparations and for other purposes.

This bill passed the House on June 26, 1913, and was introduced into the Senate on June 27th and referred to the Committee on Finance.

Because of the mass of legislation before the Senate (the tariff bill was then pending) the narcotic bill was neglected, even tho pressed for passage by the president in a special message.

It was favorably reported in the Senate on February 18, 1914, by Senator Williams from the Committee on Finance, several amendments having been made. The principal amendment, so far as physicians were concerned, was one which included hypodermic syringes and needles within the scope of the bill.

No action was taken upon the bill, tho expected daily, but late in March physicians were startled to learn that Senator Knute Nelson, of Minnesota, had introduced an amendment which would require every physician, dentist or veterinary surgeon to keep or cause to be kept a list of the names and addresses of all persons to whom narcotic preparations were administered and the dates thereof, which record must be kept for two years and to be open to the inspection of Federal internal revenue officers, State Boards of Pharmacy and Health, municipal police officers, etc. Furthermore, the doctor was only permitted to administer narcotics in person.

As previously explained, the bill as it came from the House was in strict accord with the agreement of the Drug Trades Conference and accepted by all the members of that conference, which included members of prominent medical, pharmaceutic and trade associations.

The National Association of Retail Druggists was dissatisfied, however. While they were seemingly content to permit the use of narcotics in baby soothing syrups, proprietary cough remedies and other nostrums which they could still sell with impunity, they were up in arms because the law would permit the dispensing doctor to give or send to a patient in an emergency some medicin—for instance, a few brown mixture tablets containing $\frac{1}{16}$ grain of opium—without keeping a special record of it. They were after the dispensing doctor and here they saw a way to clip his wings by making it so difficult for him to dispense that he would be forced to stop dispensing and write prescriptions. It was a very clever scheme and they came very near putting it over because physicians were not organized in opposition and the Senate, ignorant of the intention, would probably have accepted the amendment had not the medical profession got busy and made it plain to the Senate that the amendment was unnecessary and a hardship upon the medical profession.

We are pleased to say that THE MEDICAL WORLD promptly availed itself of the opportunity to inform the medical profession of the serious condition of the bill and did all in its power to prevent its adoption. So effectiv was the work done that the Nelson amendment died in infancy.

Tho on the calendar, the Harrison Bill was pusht aside from day to day because of other pressing bills. Then, as it seemed in a fair way to be passed, the "record" amendment was incorporated (June 6th) on the recommendation of Senator Thomas, acting for the Finance Committee. This amendment required physicians to keep an accurate

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and detailed record of every single narcotic drug—no matter in what proportion or on what occasion.

It meant that if you bought a thousand brown mixture tablets you must show exactly what you did with them. If you dispenst 25 tablets at a time it meant that you must dispense exactly 25, no more and no less, and that your record must be complete for the entire thousand. If you ordered a thousand and the bottle was short or over one tablet you would be unable to comply with the law and be liable to a fine of $2,000 or imprisonment for five years or both.

The "record" amendment was even worse than the Nelson amendment. *No physician could comply with its rigid requirements.*

As soon as physicians and their friends became aware of the "record" amendment (THE MEDICAL WORLD sent thousands of letters and scores of telegrams to physicians warning them of this amendment and advising them to communicate with their Senators at once) Senators were simply flooded with protests, with the result that on June 20, Senator Pomerene, of Ohio, gave notice of an intention to offer an amendment exempting physicians entirely from the provision of this act. But physicians did not desire exemption. They realized that there are black sheep in every large flock and that unscrupulous doctors would misuse the privilege. They were perfectly satisfied with the bill as passed by the House, as we have made plain many times in the past.

The bill finally came up for passage on August 15th. Senator Thomas consented to strike out the record provision and Senator Pomerene gave notice that he would not press an amendment.

Senator Harry Lane, of Oregon, a physician, protested against the Section 6, providing:

> That the provisions of this act shall not be construed to apply to the sale, distribution, giving away, or dispensing of preparations and remedies which do not contain more than 2 grains of opium, or more than one-fourth of a grain of morphin, or more than one-fourth of a grain of heroin, or more than 1 grain of codein, or any salt or derivativ of any of them in 1 fluidounce.

Senator Lane said, in part:

> There *carte blanche* is given to anyone without any responsibility fixt anywhere to dispense, to sell, to give away, a preparation which contains 2 grains of opium to a fluidounce. A fluidounce is equivalent to about three of the ordinary household tablespoonfuls. That license permits anyone who wishes to do so to set up business and manufacture a colic cure—he can call it anything he wishes—a cough mixture—to advertise it extensivly, and to sell it all over the country. The trouble with it is not that it affects adult persons, but that it affects children. Infants, helpless little babies from 10 days old up to a year old, will be subjected to medication of this sort.

While he protested vigorously against this provision, he remarkt that he did not expect to stop it. After further discussion the bill was read for the third time and passed.

There being differences between the bill as passed by the Senate and House, it was sent to a conference committee. Further efforts were made to reincorporate the "record" amendment, leading to tremendous remonstrance by physicians and up to the present time the bill has not been agreed upon by the conferee committee.

In the June, 1913, WORLD we took up the fight in the interest of the general practician, to preserve his right to dispense remedies, and have ever since consistently and persistently opposed all the efforts of the druggists' association to interfere with physicians. We are certain our work has been productiv of good.

The Antinarcotic Propaganda in Newspapers.

The propaganda for various reforms is being aided by a great many people, in various stations of life and activity, some of whom know what they are writing about, but a great number of whom know nothing of what they write. They must depend for their information on hearsay, and frequently are misled by partizans one way or another.

At the present time the newspapers are endeavoring to aid the antinarcotic cause by giving space to editorials supposed to reflect the best thought of the day on the subject. On even cursory reading, however, it can be seen that the entire story is merely an iteration of the druggists' national propaganda to charge physicians with the production of narcotic habituation. Those familiar with the facts know that in nearly all instances narcotic addicts are supplied by druggists or by persons formerly connected with drug stores. It is a matter of record that Dr. Christopher Koch had more than one hundred *druggists* arrested at one time in Philadelphia for selling narcotic drugs illegally. Notwithstanding such facts, the druggists have the boldness and effrontery to continue their misleading and untruthful attacks on the medical profession, the majority of whom do not seem to consider themselves slandered thereby.

Notwithstanding the fact of Dr. Koch's

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having had these druggists arrested, as aforesaid, the *Philadelphia Inquirer* on September 4th printed an editorial, apparently inspired by a druggist, advocating very strongly the passage of the Harrison Anti-narcotic Bill by Congress with the amendments desired by the druggists, stating that *"the druggists know most about the evil and the best way to suppress it."*[1] We wrote a letter to that newspaper calling their attention to their palpable gross errors, but received no reply.

In the *Evening Ledger* of Philadelphia on September 14th appeared the confession of a 19-year-old boy who had become addicted to heroin and cocain, and to such an extent as to have been imprisoned for stealing to get money to buy the drugs. We quote the following illuminating paragraph from the above-named paper, representing part of what the boy told a reporter:

"Hard to get cocain? Well, I should say not!" he exclaimed. "I never had any trouble buying all I wanted when I had the money. Did they mind selling to a boy? They did not. *I could show you a good many drug stores where you can buy it now.*[2] But most of it comes from the cocain peddlers."

Surely this evidence speaks for itself.

We have received a markt copy of the *Arkansas Democrat,* of Little Rock, Ark., containing an editorial entitled, "Curbing the 'Dope' Trade," in which physicians are charged with pandering to illegal use of narcotics. The vicious handwork of the druggists is visible in the article, which is very misleading, the writer of it having a foolish misconception of the Boylan law of New York, which we have heard declared to have been foisted and backt up by a "dope" hospital.

Why do not the physicians furnish their home newspapers with some truthful communications on this and other medical subjects when these matters are before the public? To be sure, we know the difficulty of getting newspapers to print articles of real value. We have little chance in Philadelphia to get the truth set before the public, in a great many instances.

We recommend that all medical men, however, shall make a vigorous and emphatic protest in writing to all newspapers that are guilty of disseminating such untruths. Do not be discouraged if you do not find any immediate results. Remember that the druggists are constantly and persistently hammering away at it. Keep up the good work without end. The profession needs it. You need the work done yourself. The more of us that work together in this matter, the more good will we accomplish and the more we will prevent the druggists from doing against the medical profession. The fight is not alone for us, but for the public as well, or indeed more, for dispensing of remedies by physicians lightens the burden of cost to the sick people. And it is the sole aim of the druggists to compel physicians to write prescriptions, so that they can make more money. By putting antidispensing clauses in legislation and in any other way interfering with dispensing, the druggists hope to get a complete monopoly of dispensing, without, at the same time, yielding any of their privileges of selling whatever they please to whomever they please. Physicians have fought a good fight for humanity before and can do it again. Keep up the good work.

[1] Italics ours.—ED.

[2] Italics ours.—ED.

The Drug Plants of America

One effect of the great war in Europe is to show us how very dependent we are upon the East for our drugs. The market prices of many imported articles have gone up by leaps and bounds, until it is impossible for the mercantile houses to state from day to day what their prices are to be.

While the cost of nativ drugs has also risen, there is this one saving grace about them, that we may really obtain them; while of many foreign productions there are none to be had at any rate.

It is a good time to turn to our nativ plants and give them, what they have never yet received, a real scientific and fair trial. Away back in the day when Samuel Thompson made his onslaught upon the medical practise of the day, one of his charges was that we slavishly adhered to the use of foreign plant remedies, neglecting to give our own a trial. He also claimed that this was mostly a matter of habit, and that among our own productions could be found as good or better remedies, if we would only learn to use them. Probably the prevalence of the Nativ American, or Know-nothing, political doctrines aided in the popularization of his ideas, as did also the quasi-religious notion that the Deity who permitted diseases peculiar to a country also furnished remedies therefor in the plants peculiar to the same locality.

Nevertheless his accusation was true then

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and is no less true today. We as a profession know scarcely anything about our nativ plants and their uses in medicin. We continue to utilize the products familiar to our fathers, and except for sectarian medicin are ignorant of American drugs. So singularly strong is this thing of habit that we actually import hundreds of thousands of pounds of such common weeds as burdock, instead of ridding our premises of it and being paid for the work.

We fetch over our aconite from Europe, while the cattle of Montana perish from eating a variety more powerful than that of England. We pay high prices for the digitalis of Germany, while the Puget Sound country is overrun with the foxglove that escaped from the gardens, and found a climate identical with that of its European cousin. The Japan current makes the Northwest as warm and moist as the Gulf Stream does that of England and her northeastern neighbors.

Must we continue in such vassalage to the East that we will not give our own plants a fair trial? Has such a trial ever been given? Let us see: There is a journal issued by men who specifically study nativ therapeutics. It tells us that:

Lycopus controls the circulation in the pulmonary tract without affecting the general circulation.

Phytolacca induces a reduction in enlarged thyroids.

Polymnia uvedalia causes reduction of the enlarged thyroid as it does of enlargements of the spleen.

Leptandra acts on the liver with very little action on the bowels.

Carduus removes the varicosis of pregnancy.

Lobelia locally applied relieves rhus poisoning and is one of the best remedies known for bronchial asthma and is a good cardiac stimulant.

Pulsatilla is useful for plethoric blonds, nervous, sensitiv, with full veins and gastric disorders.

Agrimony is of value in treating bronchorrhea.

Passiflora relieves uncomplicated insomnia.

Echinacea cures catarrhs, when given internally.

Hamamelis cures disease of the veins.

Verbena is of use in some forms of epilepsy.

Now, Doctor, do you know that any of these statements is untrue? Do you know of any real trial that has ever been given to any one of them? Do you think it is fair to assume that clinical experience is mistaken in every case, unless it is corroborated by laboratory investigations?

Forty years ago some might have been deterred from investigating nativ drugs, by the fear of being suspected of a tendency to eclecticism, which, however, is not derogatory to any physician. Nowadays there are few who care a doit for that, and most of us are ready to accept anything that is really of use to the sick, whatever its source. But, in truth, the eclectics have no exclusiv rights over our nativ flora any more than the homeopathist has over the use of small doses. As a physician, all the world and all its resources are mine, to be used for my patients' benefits, and none may deny me, and such should be the attitude of all physicians. Let our American profession get busy now and investigate the uses of our American drug plants. For those who wish to cultivate such plants the United States Department of Agriculture will send pamphlets concerning a great many useful plants that can be successfully cultivated in the United States. Eclectic materia medica books will supply information as to the use of various eclectic preparations

THE MEDICAL MONTH.

Friends of Dr. Carlos J. Finlay, Havana, Cuba, have decided to raise funds to erect a monument in his honor. The funds on hand have been raised by popular subscription. Dr. Finlay, who was the first person to put forth the theory of the transmission of disease by the agency of mosquitoes, has retired from activ work.

"The Medical Department in the Civil War," the illustrious Weir Mitchell's 1913 address before the Physicians' Club of Chicago, Ill., appears as a posthumous paper in the *Journal of the American Medical Association*, May 9, 1914. Every American citizen should here read of patriotic medical forebears.

In his remarkable experiments on lower animals, explained before the American Philosophical Society at Philadelphia, April 23d, Dr. George W. Crile said it was highly important for athletic trainers to understand that permanent damage would result from practise that brought on exhaustion, with loss of both physical and mental power. It has been demonstrated, he said, that the power of the body to convert latent into dynamic energy was impaired or lost when the brain, the liver or the muscles were impaired.

The medical schools of Stanford University and that of California will not unite at present, due to certain trust funds.

Newton Memorial Hospital, Fredonia, N. Y., a free tuberculosis institution of Chautauqua

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County, has been endowed with $150,000 by will of Mrs. Elizabeth M. Newton.

The Department of Health urges the adoption of a food standard and points out that this is an age of standardization and that it is more important that food should be standardized than that many other articles should be subjected to this test. By standardization of food would be meant the definition of each food in terms of its chemical and physical components. New York State has already standardized wine, milk, butter, honey, cider, vinegar, evaporated apples and maple sugar. The city of New York also defines "spot eggs"; otherwise there are no food standards in that state.

Dr. W. S. Lazarus Barlow, director of the cancer research laboratory at Middlesex Hospital, London, lecturing at Leeds University, advanced the theory as a result of a long series of experiments that infrequently radium might be regarded as the cause of cancer. Experiments, he said, showed that radium was present at times in normal human tissue, but was present in much larger quantities in carcinomatous tissue. On the evidence adduced Dr. Barlow suggested that radium and radiation were the cause of cancer providing they were present in quantities capable of stimulating the cells which were ultimately to form cancer.

That all the freak "antis" are not outside our ranks was shown by the "international congress" held recently in Rome, arranged by the International Association Against Vaccination. There were delegates from America, Great Britain, Germany, France and other nations, as well as from Italy. The inaugural speech was delivered by Professor Ruata, of the University of Perugia, who is the foremost Italian opponent of the Jenner system of immunization from smallpox. Professor Molemar, of Bayreuth, Germany, spoke in esperanto. Other speakers at the opening exercises were Dr. Lieber, secretary of the German Association Against Vaccination, and Professor Sergi, of the University of Rome. At the end of the discussion a resolution was passed that "the Congress, after having carefully considered the problem of protection against smallpox, has come to the firm conclusion that vaccination does not afford any protection whatever." Surely none are so blind as those who *will* not see.

The Milk Commission, at its recent meeting in New York City, condemned the present methods of manufacturing ice cream and advised a campaign for the pure product. Examinations were made of some two hundred samples of ice cream from stores, restaurants and hotels, and it was stated that the percentage of bacteria varied from 1,000 to 21,000,000 per cubic centimeter. The small stores of the East Side sold the poorest ice cream and that used by druggists at the big soda fountains was also found to be of poor quality. It was stated that while the butter supplied to the city was better than the ice cream, there was much room for improvement. The Commission recommended the pasteurization of all milk used in the manufacture of butter or ice cream.

A warning has been issued by the Public Health Service against so-called pellagra cures. Specimens of cures advertised have been analyzed and contain nothing of any value in the treatment of pellagra. The advertising and sale of these preparations is declared to be a fraud on the public.

Dr. Henry G. Farish, for a long time a reader and an occasional contributor to THE MEDICAL WORLD, died Monday, June 29, 1914, at his home in Liverpool, Nova Scotia.

Switzerland is in want because of the European war. She has been compelled to mobilize her army to preserve her neutrality, independence and existence. Contributions can be sent to Swiss Relief Fund, 241 Fifth Avenue, New York City.

The physicians of Canal Dover and New Philadelphia, Ohio, have materially increast their fees.

Few men have attained, in any branch of the profession, the standing of Dr. William P. Spratling in nervous diseases, and epilepsy in particular. Therefore, the profession will be glad to know that he is back in the harness as consultant to the Sisco Fruit Company's Colony for Epileptics, near Welaka, Fla., of which Dr. D. C. Main is physician.

The Travel Study Club of American Physicians, which made a successful Study Tour of Europe last year, has completed the plans for its 1915 Study Tour to the A. M. A. Meeting in San Francisco, Honolulu, Japan, the Philippines, China, with optional return *via* Siberia and Europe (war permitting), or *via* Canada. This being the first party of American Physicians ever visiting the Far East and the new possessions of the United States, a most cordial welcome can be expected by authorities and members of the medical profession. The Travel Study Club would like to make its enterprise as representativ as possible and asks all those interested to communicate with the Secretary, Dr. Richard Kovacs, 236 East 69th Street, New York.

Opinion seems to be growing that the sand fly theory of pellagra contagion, first promulgated by Dr. L. W. Sambon in 1910, is untenable. Allan H. Jennings and W. V. King, of the U. S. Bureau of Entomology, who in 1912 studied pellagra conditions in Spartanburg County, N. C., one of the worst diseased districts, concluded that the Sambon theory was incorrect because the sand fly does not live in close contact with human beings to act as a transmitter of the disease. It is well known that women and children are more susceptible to pellagra than men, yet they are less likely, by reason of being indoors more than men, to be bitten by the fly. Nevertheless, the sand fly has been shown to be an agent for the transmission of pellagra, Prof. S. J. Hunter, of the University of Kansas, announced at Topeka. He allowed a monkey to be bitten by sand flies that had bitten persons known to have pellagra. The simian showed symptoms of inoculation. These experiments followed a report by the Kansas Board of Health of eight cases of pellagra in southeast Kansas. Prof. Hunter is following up the discovery of Sambon, who announced the sand fly parasite theory in 1910.

A new edition of the British Pharmacopœia has just been issued.

Faith cure for gain is unlawful in New York State, according to a decision of the Appellate Court there. The Christian Scientists, of course, object, the money returns being involved.

It is now a misdemeanor to kill bats within the city limits of San Antonio, Texas. Bats, it is declared, are valuable as scavengers and as eradicators of malaria, since they are destroyers of mosquitoes.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Treatment of Pellagra.

EDITOR MEDICAL WORLD:—Like Dr. K. G. Averitt, I have been surprised that there has not been more written about pellagra in THE WORLD, and I am sure that he is right in saying that Dr. Hauk's cases (August WORLD, page 331) are pellagra. Every physician, especially those in the South, ought to take great interest in its study. In the last four years I have seen twenty cases in and near this town, and a large majority of them have died. I have lived in White County forty-two years and have been practising forty years, but recognized my first case in 1910.

Treatment.

I commence treatment by giving calomel, say 2 grains at 3, 6 and 9 p. m., and oil and turpentine at 8 next morning, repeating this every second day for a week. By this time, if the case is not one of long standing, I generally find the diarrhea and sore mouth much better. Now I commence with soamin (dissolved in boiling water) 5 grains hypodermically, and gradually increast up to 7 or even 10 grains every alternate day till I give from 90 to 100 grains. Repeat the calomel if diarrhea and sore mouth return. I use nothing locally for the eruption. It has been said by someone that 10 grains of soamin are equal to half an ounce of Fowler's solution. The doctor who has any success in treating pellagra must have lots of stickability.

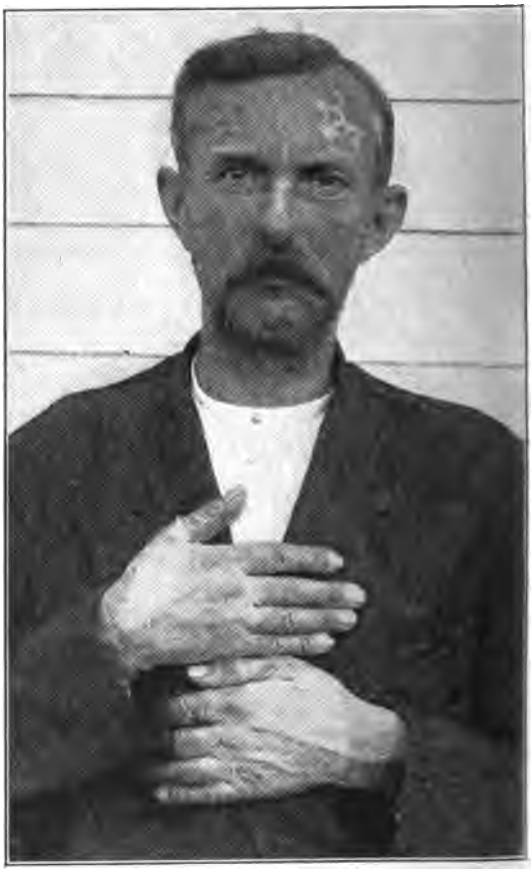
I believe that 75% of the cases recognized early can be cured, but those not recognized till the mind is affected will about all die under any kind of treatment.

Diet.

Make as near a complete change as possible in the diet. Give fruit and fruit juices, fresh vegetables, milk and butter and eggs at noon. Nuts, say pecans and filberts, between meals, with instructions to eat slowly and masticate well. Give no grease or sugar. Use butter fresh if you can get it; better use it, too, for cooking instead of lard.

Results.

Now under this treatment I have more cures to my credit than anyone else in our county; in fact, I am about the only physician in our county who has had any success at all as far as I can hear. I am not boasting. I just stayed with my cases and kept working and studying.



Pellagrous Lesions on Hands and Face.

Yes, we need more interest in pellagra. We have had more deaths from pellagra in the last four years than from typhoid. The population of our city is 3,000. The physician is very much handicapt because pellagra is confined principally to the poor, but anyone can have it, either fat or rich.

I have not tried the hot salt baths, be-

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cause I was not prepared for it. I believe every patient should have a hot salt bath once a day. I also think that each county in the South should have a hospital for pellagrans supported by taxation.

The accompanying photograf is that of the first patient ever treated with soamin in this section. This was three years ago. He has had no symptoms of it in two years.

Searcy, Ark. H. C. JONES, M.D.

EDITOR MEDICAL WORLD:—The cause of pellagra is giving the doctors of the South more concern than any other disease with which we have to contend at present. It was my pleasure to attend a session of the Southern Medical Association not long since and hear the cause of pellagra discust by the brightest lights in the South, and came to this conclusion: The cause of pellagra is not known. Whatever the cause, it seems that the disease is on the increase here for the last five years, and we have more cases to treat every year.

Treatment.

Have tried iron, calcium sulfid, arsenic, etc. Have gotten best results from present treatment, which consists of gr. iij of sodium cacodylate hypodermically every fourth day, with diet consisting of plenty of fruit and vegetables, potatoes, etc. Keep the patient out of the direct sunlight as much as possible. And give any general tonic he may need for a lowered vitality, which my cases all have had.

Inka, Miss. R. L. MONTGOMERY.

EDITOR MEDICAL WORLD:—I see you ask some of your Southern readers for something on pellagra. I treated twelve or thirteen cases last year and most of them very severe—all got well under my treatment except two—who were very far advanced before I saw them and only two returned this year.

I do not propose to advance a theory as to cause, but do think it can be cured, contrary to Dr. H. F. Harris, of the State Board of Health, Atlanta, who says there never has been a case cured. I do not believe this. The eight out of twelve seem to be perfectly well this year and all cases were genuin.

I put them on the following treatment:

℞ Iron sulfate.....2½ grains
Potass. carbonate.....2 grains
Sodium cacodylate..... ⅛ grain

℞ Ox. zinc.....3ij
White precip.....3j
White vaselin.....3j

Apply very lightly to the eruption once a day.

This does the work in every case, if not too far advanced. I had a little girl only six years old, two months ago, with very aggravated case and all symptoms, one which I thought too far gone, but she is now perfectly well. Also had seven or eight more this year with only one death, and this one should not count, for she lived only one week from the time I first saw her, and she could not take any treatment.

Newnan, Ga. PAUL PENISTON.

Arsenic.—Emetin.—Plan for Practise.

Drug Houses and Pharmacies.

EDITOR MEDICAL WORLD:—I note that other journals are taking up the fight being forced upon us by the druggists, and with some show of vigor. But the advertising interests of many compel them to decline anything on the doctor's side. The retail druggist is a power; he can make or break the wholesaler and the manufacturer, as well as the patent medicin man. Many houses that once advertised to physicians thru the medical journals have dropt out of them, and confine their patronage to the druggists' periodicals. Get one of the latter and see your former friends there. Then turn to our own advertising pages and note who remain friendly to the medical profession. One would feel like urging his friends to favor these firms, but the ruling principle with us must ever be the good of the patient. Whatever is best for the sick must be our choice, regardless of all other considerations. Giving this due weight, we may aid our cause by avoiding the houses that materially aid the druggists in their attack upon us.

The Brooklyn plan described in your columns seems so good that its main features might be adopted generally. We should have our own pharmacies, devoted to our own interests, purely professional and not commercial. This is the most practical solution of the difficulty I have yet learnt.

Internal Uses of Arsenic.

I had the honor of reporting the first case of pellagra recognized in the North outside of a public institution. This man recovered under the use of intestinal antiseptics, in his case the arsenite of copper, with copper sulfocarbolate. Two years later the cure had endured, and I believe is still durable.

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as his local doctor has not reported a relapse, as he promist me he would should it occur. The efficacy of arsenic in this malady seems to point to its dependence upon an animal parasite, as arsenic is proving specific for other animal hemic parasites. Curious how the medical profession stuck to this element tho the laboratory investigators could detect no evidence of beneficial activity, or of any influence upon the body except the tendency it showed to induce fatty degeneration. In a careful study of the literature on arsenic I made some years ago this was the only conclusion I could reach. Since then arsenic has vindicated its friends by its proved efficacy in syphilis, trypanosomiasis, and other affections induced by animal parasites. Following this line there are two questions that might be answered by the general practician: Will intestinal worms remain in the bowels when the patient is placed upon an arsenical preparation? For this a slightly soluble salt like iron arsenate might be advisable, or the copper arsenite popularized by John Aulde. Then, is the efficacy of arsenic in skin diseases markt in those depending on parasites? Or, will lice stay with a person taking arsenic?

Emetin in Dysentery and Delirium Tremens.

Dr. Coons' (page 359) treatment of dysentery by cold impresses me as legitimate and likely to prove of considerable value. But it is not enuf to diagnose a case as dysentery nowadays. Bacillary and amebic dysenteries are altogether distinct diseases, amenable to different treatments. The sensation of the year has been the success of emetin in the amebic form. Ipecac was first introduced as a remedy for dysentery, and with notable success. It remained, however, simply one of the remedies, not the only one, because of the uncertainty of the preparations used. No article of the materia medica is more prone to decomposition than this; and in my navy days we never kept it over a year. The beneficial action is not because of, but despite, the emesis, and the problem has been to prevent the latter. So the English physicians of India sought to get their cures by employing a de-emetized ipecac, with little success. It has only been since the pure alkaloid emetin, deprived of the irritant cephaëlin, has been employed, that the reports have been so enthusiastic.

The next time you have a man ready for delirium tremens, crazy for drink, begging for it, hardly getting one down till he is begging for another, just give him a full dose of pure emetin, about 2 centigrams (⅓ grain) and keep it down. He will go to sleep, for eight hours, have a dark-green stool on waking, and be sane and ready for breakfast and duty.

A Plan for Practical Preventiv Medicin.

I can scarcely trust myself to write on Dr. Braswell's (page 370) poetic effusion. Of all men, the doctor should be the last to be pestered by bills. All his mental energies should be concentrated on his work, and the distraction occasioned by debts pressing for settlement may cost human lives. Yet there is work enuf for every doctor in the United States, work urgently needed, and money ready and waiting to pay for it. The only difficulty is that ingrained conservatism that keeps us from assimilating ourselves with present conditions and rearranging our mode of compensation.

There are 600 people in the United States to every doctor—and any man who thinks one doctor can attend to all the manifold medical, surgical, obstetric and specialist needs of 600 people will have to show me how. That is, the way the average American expects to be attended to—the needs of the Russian mujik or the German peasant are another thing.

Let any doctor who has too little to do, and too small an income, try this plan: Let him go to his 600 people and ask them to subscribe each an average of 50 cents a month, for which he shall engage to do all the professional work they may need. Then it is up to him to keep them from being ill. He should visit each twice a month, inspect the homes and surroundings, regulate insanitary conditions; look over every member of the family, tell the old man to let up on his tobacco and beer, forbid the overuse of candy, overwork, overrest, overworry, all the overs and the unders, and, in short, keep his clientele from getting sick. The way things are now, nobody can afford to be sick—there is too much to do, too much need for every hour of one's time, for all the gray matter of his brain.

By this means the doctor would have a settled income; the patient would have no overwhelming bills. The doctor's position in the family and the community would be exactly what it should be, and he would fear no competition from druggist, quack, or

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advertiser—why should a man pay for patents or worry over his health when he is paying his doctor to do the worrying and take the care off his mind?

As a corollary to this plan it might be well to regulate the monthly charges by the time the doctor had been in practice. Ten cents a month should keep the graduate from the poorhouse, or the temptation to illegal or criminal acts; while $5 a month would be none too much for the venerable man who has forty years of experience behind his advise. The latter could then employ a younger man to supplement his failing muscularity and furnish the newer wrinkles developt at the schools. With $3,000 a month he should likewise equip and sustain a laboratory for that indispensable adjunct to modern practice. Several physicians could associate themselves, each taking the work in which he excelled, and furnishing the community skilled specialists at the rate each would require if practising separately.

The essence of the plan consists in the limitation to 600 patients. Let five physicians associate, and take over 3,000 persons —one doctor doing the medical work, one the surgical, one the obstetric and gynecologic, one the specialties, and the fifth the laboratory examinations. Other work could be divided as they found one or the other had more time. Naturally the sanitation would come to the laboratory. The fees, regulated by the number of years each had been in practise, might amount to $5 a month, or $3,000 in all; which, divided between 3,000 persons would give each the services of the five physicians at a dollar a month each. The average income would be $600 a month, or $7,200 a year. Does this exceed the average of doctors now? Do you believe a dollar a month beyond the means of many persons, to be kept well and relieved of all doctor bills, while enjoying the care of such a group of physicians?

For many years I have kept in close touch with the masses of my profession. I have sympathized with their money needs, have seen in this the reason for the fall of more than one promising young man. The statistician without brains enuf to look beneath the surface bewails the fact that America has one doctor to every 600 people, as compared with Russia's one to 6,000; and never seems to think of the difference in the demands made by peoples in different degrees of social development. Our financial relations with the community are conducted on a system long since worn out and obsolete. There is crying need for rearrangement in accordance with present conditions. There is no valid reason for refusing to make such a rearrangement. Reasons for the change may be found thicker than blackberries. For one thing, this plan would forever lay the ghost of the reproach of our nursing cases instead of curing them, and of performing unnecessary surgery for the fees.

This plan has been in my mind for some time. It is presented for discussion, should you see fit; for criticism, amendment, improvement, what you will.

Chicago, Ill. WILLIAM F. WAUGH, M.D.

Goiter.

EDITOR MEDICAL WORLD:—I do not claim anything original, or very little, at least, but have compiled together here such information as appealed to me to be useful and accurate from many authors, but especially from Kocher and Mayo.

I feel that surgery of the thyroid gland is in its infancy. Much credit is due to the two above-named authors, who have developt largely surgical science of the thyroid gland.

Indications For and Results of Operation For Goiter.

The greatest number of tumors of the thyroid gland which call for surgical interference are of an innocent character. They are all included under the old term "goiter," the amount of mechanical interference with respiration depending on the relativ position of the tumor. Too little attention has been paid to the altered character of the heart's action associated with a simple goiter, which, altho partly due to mechanical causes, is also greatly benefited by surgical treatment.

In addition, the question of surgical interference has also to be considered in Basedow's disease, as well as in inflamed and malignant goiters. In the former case early operation affords the most speedy and certain chance of success.

As a rule, a portion of the gland is excised in diseased conditions of the thyroid. In inflammatory goiters the treatment consists in incision, while in vascular goiters and in Basedow's disease ligature of the vessels is undertaken. Apart from these minor operations (we have treated a great number of vascular goiters by ligature of

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the vessels), we have up to the present performed excision on 3,333 occasions.

The remarkable advances that have been made in wound treatment are probably more conspicuous in this than in any other branch of surgery, notwithstanding the difficulties and the complicated character of the operation.

As we stated in a communication delivered at the German Surgical Congress, only three deaths occurred in 904 operations for simple goiter (in our third series of a thousand cases), the fatal termination in each case being attributable to cachexia, existing paralysis of both recurrent laryngeal nerves, and lesions of the heart and kidneys. If we bring up the total to 1,000 by including 96 cases from our fourth series of a thousand, the percentage mortality of 0.4% is obtained. In the 333 cases of our fourth thousand cases we have only lost one patient, who suffered from a high degree of dsypnea associated with bronchitis and emphysema.

One may, therefore, conclude that in the various forms of colloid goiter operativ treatment, if carried out on definit lines, is free from danger, and should, therefore, be undertaken in all cases where medical treatment has failed or—as happens in a large number of cases—has actually proved harmful. In many cases medical treatment is hopeless from the beginning.

The iodin treatment is of no use, for instance, in the cystic goiters. It does harm in all cases where "goiter-heart" is present either in a mild or a more severe degree, as well as in the inflammatory forms, while it offers no prospect of success in large nodular or in malignant goiters, especially in the latter, where favorable time for radical cure is allowed to elapse.

All goiters should be operated on when they are nodular, cystic, or becoming adherent, especially in the case of adults; when they extend into the thoracic inlet, or compress the trachea, and, last, when there is the least suspicion of malignancy, *i. e.*, from the character of their growth, their hardness, irregularity and fixation.

Notwithstanding these wide indications, however, one must bear in mind that here, as in all operations elsewhere, there is a limit fixt beyond which surgery treads on uncertain ground.

Conditions Influencing Extirpation of Goiter.

Notwithstanding all aseptic precautions and improved technic, we may lose our patient after excision of the thyroid when one or other of the following conditions exist:

1. When there has been markt tracheal stenosis of long duration, with constant emphysema and bronchitis, which, by causing imperfect oxygenation of the blood in the lungs, has interfered with the functions of other organs, especially the heart, the latter becoming dilated as a result of emphysema.

2. When the cardiac tone has been weakened by other causes, *e. g.*, by general adiposity, with fatty heart; by atheroma, especially of the coronary arteries, with resulting myocarditis; by all conditions of venous stasis which have led to markt dilatation of the right side of the heart, with irregular, weak and rapid pulse.

3. Where there is markt interference with the venous circulation, *e. g.*, by a goiter pressing on the large vessels at the inlet of the chest, especially if thrombosis has occurred.

All these conditions are characterized by severe dyspnea (which is frequently more markt and more troublesome than would be expected from the existing enlargement) and by deep cyanosis of the face, and occasionally of the hands, and, finally, by edema of the face, hands and feet. The puffiness of the face is often very striking.

4. Where the entire thyroid is in a state of diffuse follicular colloid degeneration, with the healthy gland tissue reduced to a minimum. Such goiters are often of large size, and surround the trachea as a dense mass which is very slightly movable, having a firm nodulated character. To excise them is a difficult and bloody operation. Acute tetany may set in, and cannot always be combatted by administering thyroid preparations. It is best, under these circumstances, to begin by ligaturing the vessels of supply to the gland, and, later on, when the tumor has diminisht in size, to perform a unilateral excision.

5. In debilitated patients suffering from Basedow's disease, with extreme emaciation, irregularity of pulse and a high degree of tachycardia. Even tho we refrain from using either a general anesthetic or any antiseptic, these patients occasionally die in a few days, the wound remaining perfectly healthy. Here also preliminary ligature of the arteries is the rule, excision being performed later, if there are any indications of pressure on the trachea.

6. When the tumor is malignant, with

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markt infiltration and enlargement of the glands, where there are signs of thrombosis, and where the general condition of the patient is deteriorating, in which cases we have had better results and prolonged life with the administration of arsenic.

7. When the goiter is inflamed, the inflammation involving the capsule and the structures adjacent to it. Removal of the thyroid in an acute inflammatory condition exposes the patient to the danger of a spreading wound infection; and if the goiter is in a state of chronic inflammation, its removal is often attended with severe hemorrhage and shock (recurrent paralysis).

Favorable Conditions.

In those numerous cases where the above dangers (which are chiefly due to delay in operation) do not exist, we aim at a rapid, sure and successful cure by operation under the following conditions:

1. By avoiding all antiseptics, both in preparing the patient and during the operation, and by using the strictest aseptic precautions.

2. By substituting novocain and adrenalin for a general anesthetic. Nervous and sensitiv patients with healthy lungs and heart may be anesthetized with a mixture of air and ether (Braun's method) without hesitation. Vomiting during and after the operation often prevents primary healing by causing restlessness and secondary venous hemorrhage, and by soiling of the dressings.

3. By using a large incision properly placed. We recommend our symmetrical "collar incision." This incision leaves a scar which is hardly perceptible, while it gives plenty of room, and has the great advantage of enabling one to determin, in doubtful cases, which lobe is causing the greater amount of compression. We would especially warn the beginner against using small incisions which interfere with the arrest of hemorrhage, and make it more difficult to remove more deeply seated processes of the tumor. Our angled incision is to be preferred only in difficult highly situated and adherent goiters, as it then greatly simplifies their removal.

4. By careful ligature of the chief arteries and veins (superior and inferior thyroid artery and veins, thyroid ima vessels, and the accessory veins), and at the same time by freeing the goiter within its fibrous capsule. This is the only way in which one can guard against severe loss of blood during the operation, against injury to the recurrent laryngeal, reactionary hemorrhage and especially against tetany as the result of interference with the parathyroids, which are related to the lower poles of the gland. Special care must be taken, if the removal of both lower poles is indicated, not to interfere with the parathyroids.

5. By preserving the sterno-laryngeal muscles along with their nerve-supply. If they are not preserved, the deformity which results from the sinking in of the soft parts is considerable. We enter in the middle line between the muscles and detach them, if necessary, from their upper insertions. In this way their nerve supply remains uninjured, while the principle of muscle "disinsertion" is carried out (*cf.* Huttner's and Quervain's flap incisions). The divided muscles should always be carefully resutured.

The Operativ Treatment of Hyperthyroidism.

Hyperthyroidism, or overactivity of the thyroid, is now considered the cause of a group of associated symptoms which have been described under many different names.

The condition was described by Parry in 1825, by Graves in 1835 and by Basedow in 1840, and for which Kocher now proposes the term "thyrotoxicosis." The name commonly used, exophthalmic goiter, is not a good term, as many of the patients do not have a goiter and others do not have a prominent eye, while some of them have neither of these symptoms in the early stage of the disease when a diagnosis might be made if these symptoms were not considered of such importance. Considering how little was known of the disease until the last few years, many authors should be given credit for the bits of knowledge gained from time to time.

It was a lack of definit or fixt pathology, permitting the appellation of many descriptions and many names, that aided the long delay in accepting the disease hyperthyroidism as a real condition and the opposit of hypothyroidism.

The essential feature of the condition is that the whole of the gland, or only a part, shows an overactivity from the cell changes. The cells are increast, there being more of them in the vesicles, or more vesicles. The overproduction of secretion in some of these cases must be enormous. The laboratory findings correspond with the

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symptoms in the greater number of patients operated upon.

The most activ condition of hyperthyroidism does not necessarily require the presence of a large tumor or goiter, as, after the gland has doubled its size, the greater increase usually consists of colloid, a retention complement change occurring in the secretions retained in the vesicles.

Such a condition has influenced older writers to state that there is no difference between the gland in Graves' disease and the glands in ordinary goiter, while, in fact, that which is retained in the gland may from its size cause trouble of various forms, because of the size of the development, but does not cause the symptoms under discussion. These are caused by a thin, non-stainable secretion, the iodothyroglobulin, which has been and is leaving the gland, probably by the way of the lymphatics.

Symptoms.

Several *symptoms* are prominent in the disease, two of which are closely associated —tachycardia and tremor. In certain cases, during the two decades of life from 40 to 60, these without other markt symptoms must be differentiated from myocarditis.

The *eye symptoms* are peculiar to the condition. The eyes may protrude greatly or, because of the widening of the palpebral fissures, they may appear to protrude (Stellwag). The upper lid lags in looking down (Graefe). The lower on looking up (Kocher). The extreme protrusion may cause diplopia for near work (Möbius). The sudden recession of the lids when fixing the eyes upon a near point has been noted (Sandström).

As already mentioned, a *goiter* is not an essential condition to markt hyperthroidism. In a death from unoperated acute Graves' disease in which the thyroid was apparently normal to palpation both before and after death, the autopsy showed the gland to weigh nearly three times the normal, and to be typical in the structural changes present.

Muscular relaxation is often a noticeable feature, the constant exhaustion resembling that of the tired athlete, or that due to heart disease of the muscular type. In extreme cases muscular twitchings like those of chorea may be noticed in addition to tremor. Gastric crisis of severe variety occurs with but little warning, and vomiting lasts from one to several days. The intestinal symptoms are those of relaxation, diarrhea or loose bowel movement, with but little increase in the total quantity, thus differing from the ordinary toxic conditions.

Circulatory changes are markt in the increast frequency of the pulse and in the excess of blood in the capillary and smaller vessels. The pulse ranges from 110 to 200 or more, representing the range from mild to extreme rapidity.

The extraordinary disproportion of the blood in the small vessels, the heart having lost the *vis a tergo,* increases the rapidity of action because of the smaller quantity of blood in the large vessels. Later, when the overwork and toxemia from the elimination of disorganized epithelium of the thyroid have caused a degeneration of the heart, with irregularity in rhythm and tension, incomplete contraction and imperfectly closed valves, with resulting pulsating large veins, the blood pressure often drops to a low point. Fatty liver and kidney changes become prominent, and we have albuminous urin, ascites and edematous feet and limbs to mark this extreme condition.

Skin changes are increast feeling of warmth, sweating, with the more rapid, general metabolism manifest, and when general toxic degeneration is present the skin, as a rule, becomes pigmented.

Hyperactivity of the thyroid may begin in early *childhood,* the earliest we have seen beginning in one child of 4 and one of 5; the latter was seven years of age when a thyroidectomy was made. A moderate amount of hyperthyroidism is not infrequent in girls at puberty and a few years following, a period of natural activity of the thyroid from sexual development. This is often true of the normal thyroid during pregnancy.

In some cases the goiter, and again the eye changes, will appear early, or they may be late symptoms, while in others the goiter will have existed as a simple colloid for a long time previous to overactivity.

Unilateral exophthalmic goiter is usually that variety caused by the stimulus of an incapsulated adenoma growing in the lobe of the thyroid, which later causes pressure absorption of the gland, with attacks of intermittent hyperthyroidism, and in which all the symptoms occur except that of proptosis.

The surgical treatment of hyperthyroidism must embody methods of reducing the secretion of the gland. Operating upon other tissues than the thyroid by the Jon-

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nesco or Jaboulay method of removal of the sympathetic ganglions is, because of our increasing knowledge of the disease, a method quite obsolete.

The reduction of the blood supply in the gland or a removal of a varying quantity of the gland is at present the accepted method of surgical treatment.

In choosing a method to fit the condition, in those patients seen in the early stages of the disease, in whom thyroidectomy is not justifiable, the ligation of the superior thyroid arteries and veins on both sides seems to bring about a rapid cure. This method is also free from the possible risks of hypothyroidism from removal of the gland. It is successful in most instances, and can be followed later by removal of a portion of the gland, if a recurrence of the symptoms should make it necessary.

In about two-thirds of the cases seen by the surgeon the operation for the removal of the larger lobe and isthmus can be undertaken without undue risk. In at least one-fourth of the cases the condition is so extreme, from the continued toxic condition or from acute exacerbation, that the ligation of the vessels, as advocated by Wolfler, is advisable, at least as a preliminary procedure. In a few such cases the results are astonishing. There is a relief from all symptoms and an increase within a few months, and should thyroidectomy be then undertaken, it will be done with much less risk than the former procedure of ligation. The operations we prefer are the graduated operations for hyperthyroidism.

Some patients are in such an extremity that preliminary treatment by heart tonics, diuretics, x-ray applications and absolute rest is necessary before even the resort to ligation of the vessels is advisable.

Patients who have developt the symptoms of Graves' disease upon a previously existing goiter are usually fair risks for the operation thyroidectomy. The condition designated as unilateral exophthalmic goiter is also readily treated by enucleation of the offending incapsulated adenoma. Myxedema or hypothyroidism as a terminal stage of hyperthyroidism may be treated by the removal of the gland, to the discredit of the surgeon, when the gland is already lacking in secretion.

Ligation of the Thyroid Vessels in Certain Cases of Hyperthyroidism.

The surgical treatment of hyperthyroidism has apparently become accepted as a promising procedure for the relief of a most serious condition, notwithstanding the fact that many cases recover spontaneously or are cured by medical treatment.

Much of the fog which surrounded the early-day knowledge of this subject was due to a nomenclature which labeled the syndrome of symptoms with the names of various men who more or less perfectly described the condition. The earlier cases and those presenting irregular symptoms were unfortunate in being denied a classification. They were *pseudo* or *fruste* until they corresponded to those mentioned by Graves or Basedow in description of the disease as a finisht product.

That this change from medical to surgical care is based upon rational grounds is evidenced by reports from the laboratories of the surgeons doing the greatest number of operations for goiter—from the clinics of Kocher, Halsted, and many others, including our own. These reports not only show the improved condition of the patients operated upon, but they are very uniform in the stated changes occurring in the thyroid in such cases, especially to excessiv secretion.

The thyroid gland is often small or but little enlarged as compared to simple goiters, and, in fact, often resembles them. It received less attention from pathologists than the heart or nervous symptoms, and a more careful examination was made of other and associated organs than of the thyroid. As the treatment of the condition was symptomatic, it was changed from time to time as new remedies were added to therapeutics.

The early surgical experience in Basedow's disease was unfortunate in the high mortality incident to the delayed surgery, complications and degenerations of essential organs often preventing a cure. Most of the operations were made as a last desperate resort, after obvious failures of many forms of medication and other methods of treatment.

While surgery of hyperthyroidism has taken a most prominent position in the treatment of exophthalmic goiter, it has advanced along various lines: (1) By operating upon the gland itself by extirpation of a varying amount; (2) by reduction of its blood supply from vessel ligation—arterial alone, arterial and venous and venous alone: (3) by operation upon distant organs, especially the pelvic in women; (4) by extirpation of the cervical sympathetic gang-

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lions, and (5) more recently the injection of cytolytic serum has been added.

Greater operativ experience upon cases of hyperthyroidism has led to a great reduction in the mortality. This has come about thru many changes, *i. e.*, earlier operation, better operativ technic, more careful preparation of patients, choosing the operation to suit the case and the graduated operation.

The anastomosis of circulation in the thyroid is very free. When we consider that this circulation is so extensiv in proportion to that of the brain that the vessels arise from points closely associated with that of the brain, with a blood supply which cannot be destroyed except by deliberate act, and that it has free venous return, had we no knowledge of its function we could still easily understand the importance of the organ.

The earliest ligation of the vessels as an operation for the relief of goiter is credited to Wolfler. Our experience with this procedure covers over two hundred operations, and with the results obtained by this method we consider that the ligation of certain thyroid arteries and veins, and at times a portion of the gland, seems indicated in some cases of hyperthyroidism.

Ligation of the Thyroid Vessels.

First, in those suffering from mild symptoms of hyperthyroidism, and those in whom the diagnosis is made early, possibly before the less important eye symptoms or even goiter is present. In cases which are hardly severe enuf to warrant a thyroidectomy, the ligation of the vessels will often produce a cure in a few weeks with but little risk and without the necessity of special medication.

Second, ligation is indicated in that larger group of acute, severe exophthalmic goiters and in the chronic and very sick patients, who, having exhausted all forms of treatment, are now suffering with various secondary symptoms—dilatation and degeneration of the heart, fatty liver, soft spleen, diseased kidneys which have resulted from the chronic toxins as seen in the later stages of Graves' disease—changes which, after all, are the final cause of death. This operation is of particular value in those cases with a markt pulsation and peculiar thrill of the superior thyroid arteries.

All superior cases of hyperthyroidism, when suffering from edema, ascites, dilatation of the heart, diarrhea, gastric crisis of vomiting, should be under observation, for a short time at least, and some of them for a considerable period of time, to improve their condition, if possible, before even a ligation be attempted. There is a time in the progress of these cases when terminal degeneration of essential organs has advanced so far that they are no longer curable. When surgery is applied as a last resort, it may be possible, by using some special great dexterity and care, to remove part of the gland without an immediate fatal result. While the disease may be checkt, these patients are seldom sufficiently benefited to warrant the immoderate risk of an extirpation. On the other hand, at such times many cases which have at first appeared to be unfavorable subjects will so far improve under symptomatic treatment, aided by rest, hygiene, x-ray, etc., as to become suitable operativ subjects at a later period. It is in this class of cases that ligation as a preliminary procedure is of great value. The relativ safety of ligation as compared with that of thyroidectomy may lead the operator to accept as surgical risks patients so far advanced in the disease as to have but little prospect of cure. In operating upon these cases the surgeon should use his judgment as to the time and method of operation, the anesthetic to be used and from observations according to the improvement manifest under preparatory treatment.

Drainage Advisable in Exophthalmic Goiter Operations.

So far I have copied freely from Kocher and Mayo, for which I beg to give them due credit, and so far in this article I do not claim any originality, but at this point I wish to bring forward a new operativ procedure which I feel should receive the careful consideration of scientific men. All simple goiters should be removed and a certain percentage of the exophthalmic goiters should not be removed. The contraindication for operativ procedure is given by the above authors and in the classification of the nonoperativ goiter it largely falls under the head of ligation of the superior thyroid vessels. Now it is this classification to which I especially call your attention. I take the position that hypersecretion of the thyroid glands, together with the attending absorption, produces autointoxication, which gives the symptoms usually found in exophthalmic goiter. Reasoning from this point of view, I have come to the conclusion that, in addition to

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ligation of the superior thyroid vessels, it is necessary to establish drainage from the gland and drain off the excessiv secretiôn thru small drainage tubes of gauze, extending down into the body of the gland structure. This method stops instantly the absorption of the secretions and gives immediate and instant relief to the circulation and mitigates the nervous phenomena attending all these cases. When the drainage is properly and successfully establisht, there is a clear fluid which drains thru the tube. This drainage should be kept open for several weeks, and, in some cases, possibly longer.

The operativ technic is the same as it would be for extirpation or enucleation of the gland if well exposed. The first step is to ligate superior thyroid vessels with linen, then open the capsule, exposing the gland as tho you intended to enucleate the gland. With a blunt instrument—the handle of a knife or tissue forceps—puncture the gland substance and insert the drainage tube into the substance of the gland. The end of the tube which extends into the gland substance should be perforated and the tube should be fastened in position by closure of the capsule with chromic catgut. It will be necessary to establish drainage in both sides, or in each of the lobes of the gland. That would depend upon the enlargement and pathologic condition of the gland.

I operated on one case about two months ago and followed this technic. The pulse rate fell from 140 to 86 in thirty-six hours. The nervous phenomena began to abate immediately. I kept the drainage open for six weeks and it is now draining at intervals thru the fistulous tracts made by the tubes. For the first few days the drainage will contain considerable blood, then a serous discharge takes its place, which, in turn, is followed by a clear, nonstainable fluid. The wound is closed in the usual manner, which leaves practically no visible scar as in all other operations where the collar incision is made. Hemorrhage from the gland can be controlled by throwing a purse string suture of chromic catgut around the tube. R. O. BRASWELL, M.D.

Ft. Worth, Texas.

DEAR DR. TAYLOR:—I enjoy THE WORLD very much. Especially do I enjoy your independent ways. I am now retired from practise, an invalid, crippled, and 83 years old, but I read medicin, enjoy pluck and delight to see the prevalent fads shown up and shams exposed.

Palmyra, Mo. J. N. COONS.

The Use and Abuse of the Probe.

EDITOR MEDICAL WORLD:—It may interest the readers of your spry journal to have a few words on the use and abuse of the probe, and I fear, on the whole, the latter predominates

The probe is a dual weapon, simple as it may look. In the hands of the novice it may become both painful and dangerous. I am often inclined to think of the probe as the air rifle in the hands of the enthusiastic youth.

In ferreting out old sinuses and locating necrosed bone or superficial imbedded foreign bodies driven into the body by concussion it fills a useful mission. Before the days of the x-ray the probe was used very largely in locating bullets and projectils. Now, happily, this is done much more satisfactorily and safely with the x-ray.

I have frequently noticed physicians, especially internes of public hospitals, when opening an abscess immediately reach for the probe and explore it. This I regard as officious and painful surgery which is calculated to do harm by opening up new avenues of infection with no possible justification or merit.

One will notice it becomes a routine practise with some physicians when redressing an abscess to thrust the probe to the depth of the cavity and explore it, and for what reason I am unable to answer.

Would it not be well to reason out what takes place when an abscess is opened and to see if there is any good reason for this practise?

Now let us see. In the formation stage of an abscess the parts become swollen, inflamed, hardened and painful. When the scalpel is thrust in the blood flows, and if the abscess is ripe, as we say, pus wells up, the walls of the sack contract and the tension lessens. Granulations fill in from all sides and drive out the broken-down *débris*. This is nature's method of repair. Now let me ask what takes place when the probe is inserted, aside from the pain, which may be very distressing; this, of course, I anticipate each of your readers will answer, breaking down of granulations and minute reinfections.

Surely the physician owes to his patient as rapid and painless surgery as it is possible to give him; nor the patient is not slow to grasp this idea.

I know of strong, robust men who have lookt forward with great anxiety to the dressing of wounds owing to the suffering

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attending them. I have often thought that it might develop a little of the sympathetic side of the doctor to take a little of his own medicin, understanding, of course, not allowing sympathy to interfere with duty.

M. J. BUCK, M.D.
Diamond Bank Building, Pittsburgh, Pa.

The Nervous Origin of Stammering.

EDITOR MEDICAL WORLD:—Some time ago Dr. G. Hudson-Makuen, of Philadelphia, publisht an article entitled "Stammering and Its Cure," which was reviewed in the *Literary Digest*. I quote from the article: "The stammerer's speech is faulty in every particular. His central as well as his peripheral mechanism are out of gear and his mental attitude toward speech is wholly wrong. The instrument is out of tune and the player is unskilled in its use. He cannot retune his instrument, and if he could, he would be unable to play upon it."

I disagree entirely with Dr. Makuen, having been a stammerer since I was eight years of age. My "speech instrument" was in good tune until I was eight years of age. I acquired the habit of stammering by mimicking an old negro, Boots by name, when he came to our house on errands, for I thought it great fun to see him rock back and forth in his efforts to talk, as he stammered very badly, and I would mimic him, whenever he came, which was quite often.

I was always very ticklish, and my older brother, who was three years my senior, and I would engage in a wrestling bout, and he would invariably throw me and getting astride of me would tickle me unmercifully, for I could not enunciate very distinctly while he was tickling me, and this amused him greatly. As this was almost a daily occurrence, the habit of stammering soon became a fixt one. When I first began to stammer there were certain words beginning with the letters b, d, w, and s that were very difficult for me to pronounce without stammering, but as I grew to manhood the difficulty with these words gradually disappeared. I remember well that my father scolded me once for stammering when I was a small boy, and until I reacht manhood I could scarcely ever converse with him.

I was very nervous from childhood, and remember quite well, when I was about 8 years of age, contractors were building a railroad near my father's home place; when the workman would touch fire to the fuse for the blasting, and run, and begin to shout "look out," I would run to the house and hide myself in a dark closet, because the noise of the blast would shock and upset me greatly.

When about seventeen years of age I went masquerading together with some young companions, and I noticed that I did not stammer when wearing a mask. If I talkt in the dark I did not stammer at all. If I recited in school in concert I did not stammer. When I sang I did so without stammering. I have never known a stammerer to stammer when talking in the dark, nor when talking all alone, nor when reciting in unison, nor when using "cuss words," nor when face was hidden behind a mask, nor when singing (who ever heard of a singer stammering when singing?), nor have I ever known of a blind person who stammered at all.

I have no recollection how I learnt it, but I was soon aware that by inflating my lungs and then speaking very slowly, I could in a great measure overcome my difficulty.

If my stammering was caused by defects in vocal "instruments," as Dr. Makuen claims, I would have been a stammerer from birth, which I was not.

The following has been told on a gentleman whom I knew well, who stammered quite badly: He was askt by a man on the road how far it was to Mt. Pleasant. He began to stammer, rocking back and forth, and then cried out: "Damn it, go on! You can get there before I can tell you."

Just before the "late unpleasantness" a volunteer company commanded by a gallant captain, who at times stammered quite badly, was giving an exhibition drill before the young lady students of one of the colleges in C. He decided to give them a smell of gunpowder as a grand climax, and with his company drawn up in single rank near the young ladies, after giving the command to load, said in a loud, clear voice: "Ready, aim, f-f-f—Damn it, shoot!" much to the astonishment and amusement of the spectators.

To say that a very much greater percentage of boys are born with "imperfect instruments" of speech than girls will not stand investigation for a moment. Lack of confidence is primarily the cause of stammering; persons who are exceedingly nervous and excitable and lack confidence in themselves. Dr. Makuen in his article does not attempt to explain the greater number of male stammerers over the female stammerers. This is

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easily explained by the females talking incessantly from infancy so much more than the males.

I really believe that if a dozen of the worst stammerers in the country could be gotten together to sing they would sing as well as anybody. Just try the experiment of having a stammerer close his eyes tightly and thus become oblivious to his surroundings and then have him talk and there will be no sign of stammering—just try it to satisfy yourself. I know a number of stammerers who never stammer when angry nor do they when using "cuss words."

There is not a stammerer in the school for the blind (see Dr. Armstrong's letter to me. He has been the superintendent of the school for the blind in Nashville, Tenn., for nearly fifty years, and is an authority on everything connected with the blind. No one ever saw a person blind from birth who stammered.)

Tennessee School for the Blind.
Nashville, Tenn., Feb. 6, 1914.

Capt. W. N. Hughes, Nashville, Tenn.:

Dear Sir:—I wish to state that I have been associated with the blind for many years and have intimate knowledge of from twelve hundred to fifteen hundred blind persons and I do not recall a single instance of stammering and very few cases of lisping. Respectfully,

J. V. Armstrong,
Superintendent.

Dr. Makuen contends that "the stammerer's speech is faulty in every particular." This may seem so to one who has never been a stammerer, but it does not seem so to one who has been a stammerer more or less for over fifty years.

I have always contended that stammering was due almost entirely to nervousness and lack of confidence in one's self. Where you will find one girl who is so afflicted you will find a hundred boys. I have never seen but one girl who was afflicted.

In view of all these facts and my own experiences, what becomes of Dr. Makuen's contention that it is due to some defect or imperfections in the vocal cords ("in their instruments," as he calls it)?

It is astonishing to me that these facts have not been discovered by members of the medical profession hundreds of years ago. The doctors who have seen this paper say that these facts are entirely new to them. Capt. W. N. Hughes, U. S. A.

Nashville, Tenn.

[Our readers should be able to contribute materially to the subject of stammering. This has not been studied by the general practician as it should have been. We welcome further information that will add enlightenment to this abstruse subject.—Ed.]

The Physician and Eugenics.*

Editor Medical World:—We are living in an age of ignorance and superstition regarding the science of life. We need more education on the fatherhood and motherhood of our country. Our great institutions teach biology, minerology, astrology, botany, etc. Time and money are spent in the learning of the best process of animal breeding and plant improvement while little thought or care is given to the blood of the human race.

There is great interest thruout the world regarding the white plague, cancer, smallpox, etc., while the black plague of venereal diseases is left in the background. The human race is being poisoned in mind and body until it has sunk beneath the brute creation and is living on false instruction, selfish desires, stimulants and narcotics until to call a man a brute is an insult to the animals.

It seems strange to me to find young men in our medical colleges with the expectation of entering the medical profession as family physicians infected with venereal virus. Can this be called wild oats sowing due to evil companions, or is it lack of instruction regarding the danger of a moment's pleasure?

A doctor said to me recently, "You and any other doctor who teaches eugenics and sex hygiene is a fool, as 60% of our surgical cases on women come from venereal virus." Another remark made by a young physician was this: "I wish there would come to this town a pretty woman with a case of gonorrhea; then I would have some work to do in a few weeks." Such remarks would not have as much truth as they now have if men and women realized the true danger.

The doctor is partly to blame, it is true; but public sentiment is also to blame, for the doctor is expected to shield his patients regarding the secret malady; but should we do it to the extent of letting innocent women and children suffer and live a life of pain or blindness, to be a burden on themselves, if not on the public? Could we afford for our daughter or sister to take the chances that we are willing for our neighbor's daughter to take when we know and say it is right by keeping silent?

Parents need instructions before they can advise their children. School teachers, tho willing, are interfered with by a false code of morals. False modesty of church members forbids pastors from speaking in the pulpit on this subject. The lawyer is supposed to hold the secrets of his clients the same as physicians.

If the proper instructions could be given to young people on sex hygiene there would be less divorces, for the average young man when first married knows about as much concerning proper sex hygiene as Dr. Cook knows about the North Pole, and the young woman knows still less about the opposit sex. When fathers and mothers awaken to these dangers, then teachers on sex hygiene will be demanded by the public, and the press and pulpit will dare to speak; but the doctor must first point out the real danger. In fact, already pieces are written and lectures given that would have been branded as obscene a few years ago.

A new era is upon us, a new age has begun, the

* Read before the Georgia Eclectic Medical Association Atlanta, Ga., May 1, 2, 1914.

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cry is for pure bred stock and poultry as well as fruit and grain; and prizes are offered. Then is it not time our children were given instruction that will help to produce a better race physically, mentally and morally, and of their great responsibility as coming fathers and mothers, for as a man thinketh and doeth so will his harvest be. For if orators, painters, musicians, fighters and workers, as well as stupidity and imbecility can come down from father to son, what terrible ignorance and indifference must come on the line of eugenics!

An excellent custom among the Quakers is before any young couple can become engaged the family history for two generations or more is traced up; but to make these records of value the record of venereal diseases should also be kept by physicians and druggists and placed on file in some place where it can be lookt up at any time the same as other records of value are kept, and no marriage performed without a clean bill of health. This should be made not only national, but international.

Unsexing chronic venereals, especially chronic gonorrheics, would be a great forward step. This will raise objection, but is it not far more fair and just to unsex a few males than many hundred females who are innocent victims? Any man who is in a normal mental condition would rather have it done than to cause untold suffering on the innocent woman who becomes his wife, and entailing blindness and imbecility on the children of such a union.

This paper may sound like a sermon or lecture, but it is only a few thoughts to awaken an interest in the great work of reclaiming the race, and we must begin with the men, for there are ten fallen men to one fallen woman, and the physician who will have to start by teaching the real danger in venereal diseases to men and women and the misery and suffering that follow in the wake, for the sin of the father is visited on the children for the third and fourth generations, and as a physician and a lecturer I don't have to go to the Bible to prove it, and neither do you if you are open to conviction.

The fear of smallpox has become so universal that people will not knowingly approach it. Produce the same dread of venereal disease, which is a thousand times worse than smallpox, and it will wipe out the vice district and immorality as no law can do, and will accomplish much to lessen the stage of wild oats sowing and the so-called high life which reaps such a terrible harvest in after life, not only on the individual, but on the offspring for several generations.

It is to us as physicians to teach that it is a sin far worse to poison one's self by venereal virus to go out to ruin others than it is with cyanid of potash or corrosiv sublimate.

Let all honor be to the man who takes care of himself and loves above all other things I, myself, and me, not only for his own well-being, but for the safety of his associates and the purity of humanity.

Let us be up and doing now while this movement is before the minds of the people. Doctors have led in many great reforms and none has ever been more in his line of work than this new field of eugenics.

Will we as doctors prove equal to the task?

D. H. PARLIAMENT, A.B., M.D.
Professor of the Principles of Surgery and Chemistry, Georgia College of Eclectic Medicin and Surgery.
Covington, Ga.

Absorption of Good by Bad.

EDITOR MEDICAL WORLD:—As a student-preacher and a persistent observer of the surrounding amenities of life, I would be greatly favored if you would allow me the space in your periodical for the following criticism of an article on "Science and the Social Evils" in the August issue of your publication.

The whole drift of the thought exprest by the doctor tends to the bringing together of both good and bad, to the end that the bad may be absorbed by the good, and the ostracizing of evil is denounced. A conviction which has always rested in my mind, and this truth is one that the church has yet to learn.

But when were religion and science ever separate? To claim the solution of the social evil solely for the realms of science is to ostracize religion and jurisprudence. It is only when the three forces work together that definit results can be accomplisht.

To be sure, the social evil, which is an obstacle to the progress of the race toward perfection, is, no doubt, largely the result of ignorance. But who denies the wilful persistence of the victims of the social evil, even when they have passed the stages of ignorance? Are there not those who wilfully perpetrate and propagate the traffic in girls with sly and cunning craft, led on by the desire of worldly gains?

I agree with the medical practician that the social evil *is* a physical sin. But did there ever exist a sin that was not physical? The supreme struggle of life is between the physical and the spiritual, and sins that result in physical suffering likewise result in spiritual unrest. The problem facing the world is not one of asserting how much more value one form of combat against the physical allurements of our mortal bodies may have over another, but is one of how best to join all the forces that may be brought to bear on this evil so as to gain the greatest advantage over it.

It remains for law to suppress the evil, for science to alleviate the suffering consequent upon the indulgences of it, for the church to lead the victims into a new life, and for all these agents to instruct the ignorant and call down the wrath of God upon those forces that seek to multiply it.

PRESTON K. SHELDON.
416 S. Franklin St., Watkins, N. Y.

The Action of Remedies.

EDITOR MEDICAL WORLD:—Action and reaction are equal in the opposit directions. Nature heals by law and in order. Medicin simply arouses and directs the cure. The physician who recognizes this fact has gone a long way toward successful treatment.

Drugs have two actions, primary and secondary. Thus, you see, the homeopath says that similars is the law of cure. The "allopath" says contraries. Now, if a drug has two actions, both are right from opposit standpoints, depending on which action you have in mind. The law of action and reaction, as exprest by *similia similibus curantur*, is a fundamental law of nature. Hippocrates (460 B. C.) was the discoverer. Hahnemann (1753) was the man who brought it to the attention of the scientific world. If this law is true, we should be able to prove it for ourselves, and should be guided by it in practise. Take chronic endometritis, for example: the surgeon

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uses a curette, or you can go to any good book on the subject and find half a dozen prescriptions for local applications, all reported as curativ by good, honest, conscientious men. There must then be some one thing that is common to all. It is the acute inflammation that is set up and in the reaction, nature, in trying to repair your damage, goes steadily on and cleans up all she finds damaged.

The great mistake usually made is the failure to grasp the underlying truth that nature cures; so we overstimulate these cases and tire her out and the case is still chronic. The skill of the physician will account for the success of one, and the utter failure of another, using the same prescription.

Fowler's solution of arsenic will cure some cases of chronic gastritis, if we do not overdose them. But the size of the dose has nothing to do with the science of medicin. It belongs to the art, and is simply a matter of experience. Every true homeopathic physician will tell you that if you get an aggravation of the symptoms, you must reduce or discontinue the dose, and give nature a chance to react. He has his medicins put up in 1 x = 1/10, 2 x = 1/100, 3 x= 1/1000, so that it is a very easy matter for him to regulate the dose according to his judgment of the individuality of the case. He finds wine of ipecac will produce vomiting; but, if the dose is small enuf, it will relieve it. Also, that large doses of calomel will produce diarrhea; but it has a secondary effect of constipation. So he uses it in constipation also for its secondary effect in curing diarrhea. Thus, you see, he has at his command a two-edged sword and can wield it as he wills, knowing its double action. Action on diseased tissue is diametrically opposit to the action on sound tissue.

The doctor who has watcht a case of chronic diarrhea in the habitual morphin user, who gives calomel or castor oil in diarrhea, ipecac in vomiting, mercury in syphilis, cantharis in irritation of the urinary organs, opium in melancholia, quinin in malaria, arsenic in chorea, vaccination in smallpox, antitoxin in diphtheria, antityphoid serum, will stop and ponder. He will see the trend of his thoughts leads in one direction, that nature makes the cure and accomplishes it in a definit way, and will lead him to law and order in his medical prescribing, and that his judgment alone, based on his experience, can regulate the size of the dose, remembering that nature is using all her efforts to cure and only needs slight help from him, that all the constructiv powers of nature are mild and gentle.

The gentle rain, the gentle sunshine, the gentle breezes go to build up; the tornado and storm destroy.

W. H. SHANE, M.D.

Germantown, Philadelphia.

Treatment for Boils.

EDITOR MEDICAL WORLD:—To-day I have been reading in a Belgian medical journal, the *Gazette Médicale Belge*, a very practical little article describing a simple method of curing boils which would interest your large circle of readers. This method is merely painting with the ordinary elastic collodion a circular coating just outside the inflamed zone several times the first day, going exactly over the same circle each time and renewing this several times every day till the boil opens of itself and discharges, and this happens usually within two or three days. The width of the band painted is not mentioned, but it is probably not more than half an inch or an inch. The inflammation is said to be limited at once and the danger of further infection prevented. The article was taken from the *Mediciniche Wochenscrift*, of Munich, and was by Fuchs.

BOARDMAN REED.

Alhambra, Cal.

Infant Feeding, Books and Charts.

EDITOR MEDICAL WORLD:—On page 291, July issue, Dr .Higdon asks you about the textbookie which might give him some light on infant feedings, and while you do not mention any books, you recommend a proprietary mixture (not milk) which causes more illness among my baby cases then anything else. On page 293 you are askt for advice on sexual neurasthenia, and you give a long list of reference books. Why not tell Dr. Higdon that the works of Rotch, Holt, Chapin, Kerley, Ruhrah, Pfaundler and Schlossmann, Koplik, etc., all go over the subject pretty thoroly, and then suggest that fresh milk, either goats' or cows' so modified as to suit the case, is better than any old stale sterilized proprietary infants' food that is on the market?

The average physician using proprietary infant foods or medicin has no idea what is in them, and generally little knowledge of the case he is treating; so he guesses at the condition, gives the mother ill-defined directions, and trusts to providence for the rest.

Inclosed is a blank I am using at present. Some of it is original, some taken from Dr. Holt's work and some from Dr. Kilmer's little book on "The Practical Care of the Baby." The space for formula is left blank, as I believe in writing the formula for an infants' food the same as a prescription for an adult, viz., individually.

Directions for Feeding.

Telephones 545.

Office, 545 Willow Avenue, Council Bluffs, Iowa. From R. B. TUBBS, M.D.

Name .....Age..Months..Weeks..Days.

Address..... Date.....19..

Formula: .....

.....

.....

.....

.....

.....

A 4-ounce graduate, a milk thermometer, milk bottles, sugar of milk in pound packages, and.....

.....can be obtained at a drug store.

Mix above formula thoroly and place in a covered jar on ice or in a cool place. Shake or stir the whole mixture each time before using, and then take out only the amount that is required at one feeding. Or it is very convenient to divide the whole mixture up in as many bottles as there are feedings required, each one must be shaken up before it is used.

Warm the food to body temperature (98.6°) before giving to the infant, by placing the bottle in water and heating.

Never give cold food of any kind or very cold water to an infant, but do give plenty of water frequently.

Throw out what is left in the nursing bottle after the infant is satisfied, and rinse out the bottle.

Never use a nursing bottle or nipple again before it has been sterilized by boiling. The whole number of bottles can be filled and covered with water, a half teaspoonful of baking soda added, and then all boiled thoroly at one time, once daily.

Large nursing bottles for small infants are not

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necessary. Ordinary prescription bottles of necessary size may be used.

Never allow an infant to retain the bottle when thru nursing, and do not leave the bottle with the infant during sleep, as stomach disorders and mouth eruptions may result from fermentation which takes place when food has been kept warm or exposed to the air for some time.

When feeding hold the infant on the lap, or if the infant is lying down, prop the bottle up so the infant can get all the food easily.

Wash the infant's mouth every day, with a solution of boric acid or borax, one teaspoonful to a pint of boiled water.

Schedule for Feeding the Average Infant.

Age.	Number of Feedings in 24 Hours.	Interval Between Feeds by Day, Hours.	Night Feeds Between 10 p. m. and 7 a. m.	Quantity for Each Feeding, Ounces.	Quantity for 24 Hours, Ounces.
3 to 7 days	10	2	2	1 to 1½	10 to 15
2 to 3 weeks	10	2	2	1½ to 2½	15 to 30
4 to 5 weeks	9	2	1	2½ to 3½	22 to 32
6 weeks to 3 months,	8	2½	1	3 to 4½	24 to 36
3 to 5 months	7	3	1	4 to 5½	28 to 38
5 to 9 months	6	3	0	5½ to 7	33 to 42
9 to 12 months	5	3½	0	7½ to 9	37 to 45

Conditions that Cause a Baby to Cry.

1. Hungry.
2. Thirsty.
3. Napkins are wet.
4. Sleepy.
5. In pain.
6. Clothing is uncomfortable.
7. Frightened.
8. Exhausted.
9. Tired of lying in one position.
10. From temper.
11. Illness.
12. Wants attention.

All of these conditions, except the 12th, should be corrected as soon as known. See that the bowels move every day. Teach the infant to use the chair after six months old.

Don't trot, shake or rock infants to quiet them, but do carry and handle them each day enuf for exercise.

Remember children and flowers need fresh, warm air and sunshine.

Don't experiment with "home remedies" on your children. More have been killed than cured by guessing at what was the trouble with them.

REPORT.

Date.....19.. To R. B. TUBBS, M.D.
Date of last report.....19.. 545 Willow Avenue,
Council Bluffs, Iowa.

Name .....Address .....
Name of baby.....Age..yrs...months...days.
1. Weight....lbs.....ounces. Loss or gain since last report? .....
2. What food is the baby getting, *e. g.*, breast, modified milk, patent foods, solid foods from the table (if so, what; if modified foods, give formula)?.....
.....
.....
.....
.....
.....
3. Appetite—Is the baby satisfied? Does..he leave any food?.....
.....
4. How often is..he fed?..... Quantity at each feeding?.....
5. Vomiting or regurgitation—when? How much?...
.....
6. Colic or gas in bowels? When?.....
7. Do you give the baby water to drink? How much? How often? When and what kind?.....
.....
8. Stools—frequency; general appearance, as to odor, color and consistency?.....
.....
9. Is the baby comfortable and good natured?.....
10. How many hours in twenty-four does the baby sleep? .....
11. Is there any skin eruption?.....
12. How long each day is the baby out of doors?.....
.....
13. Are you giving any medicin now? If so, what?
.....
14. Describe any special peculiarities, signs or symptoms that you have noticed.....
.....
.....
.....
.....
.....
Signed.....

If any of this will assist you or the others, you are welcome to the same. R. B. TUBBS, M.D.
Council Bluffs, Iowa.

Glory and Goodness.

We can't all rise to shining heights of glory, we can't all climb Fame Mountain's snowy hood, but we can make our lives all hunky-dory, and worth the while, if we will but be good. The lust for wealth bespeaks the spirit's blindness; when I am dead I'd rather have folks say, "His heart possessed the milk of human kindness," than have them speak of scads I put away. A little fame too often makes us haughty, makes us forget that we're but common mud, and we swell up, until becoming dotty, we take a fall, and make a sick'ning thud. When we've success in sordid worldly matters, we feel contempt for all the ones who fail; we view with scorn the poor man's rags and tatters, and heedless hear the hungry orphan's wail. We waste our lives in tawdry triumphs winning, for useless gawds we strive and toil and grind; and even now, as at the world's beginning, the kind heart beats the proud and mighty mind. Let us be good, be kind, oh man and maiden, let us be true, and squarely play the game, and we'll stack high among the hosts of Aidenn, and that will beat your little Hall of Fame.—WALT MASON, in Philadelphia *Bulletin*.

A Fraud Agent.

C. E. Clayton, for Current Literature Publishing Company, writes us that a fraudulent agent has been victimizing physicians in a number of the eastern and central states. He indulges in a new alias in every city. He is described as about 21 years old, six feet tall, weighing about 180 pounds, black hair, very dark and large eyes, rather pale, deep falsetto voice, has three upper teeth missing, tho, of course, he may have had these teeth fixt. Physician writes: "He appears about 19 years old, tall, dark hair, and a 'slick' talker."

He has been offering the *Literary Digest* and various medical books, or *Current Opinion* and the same books, or either of these two magazines, with three volumes of "Medical Research" or Medical Dictionary. He uses a receipt form such as you can purchase from any stationery store. All publishers have their own receipt forms and they use it as a means of identification, and have identification cards, so that physicians may know at once that if a man cannot produce proper credentials or proper receipt blanks he is a fraud.

The Periodical Publishers' Association of America offers $25 reward for information which will lead to this man's arrest and conviction. Bulletins have been sent out to chiefs of police of all the important cities. If this man comes to your attention, hold him and get in touch with the police and have him arrested. Wire Periodical Publishers' Association, 156 Fifth Avenue, New York City, for instructions, and they will immediately prosecute the case with vigor.

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THE PRESCRIPTION PAGE.

Ointment for Pruritus.

EDITOR MEDICAL WORLD:—I am sending you to publish in THE MEDICAL WORLD a prescription that will cure the most stubborn case of itch:

℞ Salicylic acid..... 1 part
Zinc oxid.....12 parts
Starch .....12 parts
Lanolin .....24 parts

M. et fiat unguentum.

Sig.:—Rub on affected parts night and morning. JOHN PARTELLO, M.D.

Toothache Mixture.

The *Pharmaseutische Post* is responsible for the following remedy for toothache:

℞ Phenol, in loose crystals.....10 grams
Camphor ..... 8 grams
Menthol ..... 8 grams

Triturate these ingredients together in a mortar, and, when liquefied, add:

℞ Chloroform .....4 grams
Oil of cloves .....1 gram
Oil of mustard, volatil.....1 gram

Moisten a small tampon of cotton with the fluid and insert in the cavity of the offending tooth; the powerful anodyne effect of the above prescription is at once noted.—*Medical Brief.*

Inhalation in Chronic Laryngitis.

There are two methods of inhaling: In the first the medicament is atomized to impalpable vapor by means of sterilized air in a cabinet, while in the second the inhalation is thru a steril mouth-piece or nose-piece.

The medicated steam, a mixture of compound tincture of benzoin, 1:20, is inhaled at a temperature of from 140° to 170° F. for about fifteen minutes. This is followed by inhalations of oily substances without the aid of heat, either of the two following being used:

℞ Camphoræ.....℥j
Olei picis liq.....f℥ij
Iodi.....gr. xx
Creosoti.....f℥j
Mentholis.....gr. xxx
Olei sesami.....f℥iv

Or a 5% solution of the following:

℞ Iodi.....℥vj
Acidi oleici.....℥ij
Olei paraffini liq.....f℥iv
Olei sesami, q. s. ad.....Oj

The patient remains indoors for from fifteen to thirty minutes after each treatment. The use of tobacco is prohibited.—E. MAYER, in *Merck's Archives.*

Sciatica.

℞ Antipyrinæ.....℥ijss
Cocainæ hydrochloridi.....grs. ijss
Aquæ destillatæ sterilisatæ.....℥ijss

M. fiat solutio.

Sig.:—Inject 16 minims by hypodermic syringe over the external popliteal nerve behind the head of the fibula as near the nerve as possible. Pain and swelling will follow, which disappear shortly. If any painful spot remains at any other point give an injection at the place after the lapse of a week.—HARRY MARCUS, in *New York Med. Jour.*

Anemia.

℞ Liq. potass. arsenit.....℥iiss
Horsford's acid phosfate.....℥iij
Glycerinated ext. bone marrow.℥viij

M. Sig.:—A tablespoonful after each meal.

Elixir of Phenolphthalein.

℞ Phenolphthalein.....96 grains
Oil of spearmint..... 8 minims
Oil of cinnamon.....10 minims
Oil of anise.....12 minims
Alcohol..... 4 ounces
Syrup enuf to make..... 1 pint

Add the oils to the alcohol and in this mixture dissolve the phenolphthalein (amorphous preferred); then gradually add the syrup.—*Jour. N. A. R. D.*

Tasty Cod Liver Oil.

℞ Cod liver oil.....30 ounces
Oil of eucalyptus..... 2½ drams

Mix them.—*Jour. N. A. R. D.*

Castor Oil and Bichlorid.

Castor oil and bichlorid of mercury may be given together as in the following prescription:

℞ Ol. ricini.....*m* vj
Liq. hydrarg. perchlor. (B. P.).*m* iij
Mucilaginis, q. s.,
Aq. carui, q. s. ad.....f℥ij

Sig.:—Give every four hours.—*Therap. Gazette.*

Ptyalism.

℞ Potassii chloratis.....gr. xvj
Tinct. ferri chloridi.....f℥ij
Glycerini.....f℥j
Aquæ.....f℥ij

M. Sig.:—Teaspoonful every two hours.

℞ Acidi tannici.....℥j
Syrupi aurantii,
Glycerini, of each.....f℥j
Aquæ, q. s ad.....f℥vj

M. Sig.:—Use as a mouth wash five or six times daily.—*Prescription.*

Combined Action of Medicaments in Cardiac and Renal Dropsy.

Cases of cardiac or renal dropsy in which digitalis, calomel, or diuretin has proved unavailing often, in the writer's experience, respond to a mixture of various diuretics and cardiac tonics. He is accustomed to prescribe:

℞ Inf. e fol. digital. titr., 1.
Bulb. scill., 5.
Aq. destillat., 150.
Euphyllin,
Tr. strophanthi, āā 2.5.
Spartein, sulf., 0.1.
Tr. opii simpl., 1.
Mucilag. gum. arab., q. s. ad 180.

M. D. S.—STRAUSS, in *Therap. Monatsbl.*

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

National Antinarcotic Bill.—New Chemical.

EDITOR MEDICAL WORLD:—I see the antinarcotic bill has passed, and will go into effect in October, next month, I suppose; THE WORLD did not state. How are we doctors to know what the bill requires? Will THE WORLD give the bill in full and its explanations in time? Or will copies be sent out? Kindly let me know. I enjoy reading THE WORLD; it gives many new ideas. Keep the good work going.

Could you tell me the best place to send a new chemical, to see its value and good, a place one could have same done free? I have a new one and it might be valuable.

Middlebrook, Va. CARY N. DUNLAP, M.D.

[We stated in our first editorial last month that the national antinarcotic bill had passed the United States Senate and would then go to a conference committee composed of Senators and Representativs, which is expected to settle the difference between the bill as passed by the House of Representativs and as passed by the Senate. This could very easily be done if side issues remain out. At the present writing the conferees have not agreed upon the bill. Further discussion will be found in our editorial pages in this issue. We will consider the proposition of printing the bill or a synopsis of it after we get a copy of the bill as finally passed by both Houses of Congress. We presume that the Internal Revenue department of the government will give physicians reasonable time to learn to comply with the new law. We do not know by what means the government will disseminate knowledge of the law.

In regard to the new chemical we suggest that you use it yourself and get your friends to use it. We do not know of any laboratory where you can get it tested without expense. Laboratory experimentation is very expensiv.—ED.]

Ivy Poisoning.

EDITOR MEDICAL WORLD:—Please give a formula for the relief and cure of ivy poisoning.

Danville, Iowa. DR. N. A. THOMAS.

[Frequent sponging off of the affected area with undiluted sweet spirit of niter will quickly cure many cases. Water, to which has been added enuf permanganate of potassium crystals to make it a very deep purple color, applied frequently as a lotion, has proven very successful in our hands. Some yield to the old-fashioned solution of lead subacetate. Many physicians employ solely a saturated solution of boric acid, and others pin their faith to a solution of bichlorid of mercury varying from 1 to 1,000 to 1 to 4,000.

The fact is that there is no *specific* for "ivy poisoning" that will be satisfactory in all cases. One has no means of knowing positivly that an individual case of dermatitis is due to contact with "poison ivy," and, if one were sure of a given case, perhaps the next presenting would owe its dermatitis to some different plant or pollen entirely, and hence require an entirely different application. Even the dermatitis from contact with poison ivy "works" differently in different individuals, and that which relieves and cures one person quickly fails with another. We have printed several articles on this subject in THE WORLD during the past several years.—ED.]

Sciatica; Electricity; Vibration.

EDITOR MEDICAL WORLD:—Would you kindly answer in THE WORLD the following:

Young lady. Sciatica. Want to try electricity. What should I use? The galvanic or faradic current? Localized painful spot on exit of nerve from pelvis. How strong shall I apply and at what points anode and cathode? W. REINHARD.

Canoe, British Columbia.

[Do not delude yourself with the hope that you will get any pronounced therapeutic effects from a small battery with either the galvanic or faradic current. It is now known that positiv results are only obtainable by the use of the large and powerful machines. Next: Do not attempt instituting treatment until you thoroly understand what is known upon the subject, from perusal of some of the late works by authors of electrotherapeutic experience—you will not then know too much—as there is much to be learnt by even the most advanced exponents of the use of electricity. To attempt the use of "electricity" without a clear idea as to the nature of the effects produced, or of the nature of the agent itself, is the very worst form of empiricism. It was bad enuf when we did not know whether or not electricity had any effect whatever, but now that it is known that this agent properly applied is a therapeutic agent of value and power, and improperly applied is an agent that may work considerable damage, one needs be judiciously cautious in its application.

"High Frequency Manual," Eberhart, publisht by New Medicin Publishing Co., Chicago Savings Bank Building, Chicago, Ill.; "Static Electricity, X-Ray, and Electro-Vibration," Gottschalk, publisht by T. Eisele, 906 Evanston Avenue, Chicago, Ill.; "Electricity in Medicin and Surgery," King, publisht by Boericke & Runyon Co., New York, N. Y., are all books which will give you an insight into the indications for the use of the various forms of electricity, and especially suggestions for the individual case.

A vibrator applied to those painful nerve spots will probably do much good. Look for painful points along the lumbar spine and vibrate those also.—ED.]

Fatal Paralysis in a Child.

EDITOR MEDICAL WORLD:—My attention was recently called to a case that proved a very interesting one to me, and I am not sure of my diagnosis, and I am writing to ask your opinion.

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L. H., female, age 4 years and 4 months. Family history negativ. Pertussis two years ago; recovery. Child well developt; no other illness prior to this time.

On May 11, 1914, she had a severe nosebleed, and on the following morning developt a very high fever, with delirium; temperature remained up for forty-eight hours and was then again normal. On May 13th mother detected that child could not carry hands to mouth; paralysis quickly spread to all the extremities. Muscles of deglutition not involved. Some strabismus at times, for a few minutes.

I saw the case first on evening of June 28th, and found that paralysis of upper extremities was clearing up. She was able to walk a little. Urin normal; hemoglobin 80; tongue clean except thin coat at base; liver and spleen enlarged; skin clear; appetite and digestion good; bowels regular, blood did not show malaria. Paralysis more markt in right leg. Knee-jerk very much exaggerated, especially in right leg. Babinski's sign positiv; foot-drop markt; slight wrist-drop. If there were any areas of anesthesia, they were not well developt.

I came to the conclusion that this child was suffering from multiple neuritis due to intestinal toxemia, and gave initial dose of calomel. Ordered Fowler's solution and tincture of nux vomica in increasing doses, and she was apparently improving until the morning of July 17th, when at 4 a. m. she was taken with severe vomiting and purging; temperature, 102°, slight delirium. I gave her minute doses of calomel, and vomiting ceast at 10 a. m. Bowels also ceast moving about noon same day. Temperature kept up, with tendency to go higher, and I ordered icecap with tepid sponge bath to control same. On morning of 18th I found her in deep coma. Bowels had not moved since noon day before, in spite of large doses of podophyllin and calomel night before. She also showed signs of convulsions, some opisthotonos, swallowing very difficult when attempt to make her take water. These symptoms kept up until she died at 9 a. m. July 19th. In your opinion, what was the trouble with this child? ORIZABA MANASCO, M.D.

Townley, Ala.

[It is not possible, merely from perusal of the symptoms you detail, to venture a diagnosis. You had, of course, meningeal involvement. A number of childhood diseases yield practically the same symptoms you mention. One must work out a diagnosis by exclusion. In addition to the thought of multiple neuritis, we should certainly consider the possibility of acute anterior neuritis.

If you do not have them, we are certain you would appreciate "Diseases of Children," Cautley, publisht by Paul B. Hoeber, 69 East 59th St., New York, containing 1,023 pages, and selling at $7 net; and "The Treatment of Diseases of Children," Kerley, publisht by W. B. Saunders Co., Philadelphia, Pa., containing 591 pages, and selling at $5.—ED.]

Shampoo Jelly.—Whiting for Face.

EDITOR MEDICAL WORLD:—Please give me a No. 1 formula for shampoo jelly. Also a liquid whiting for the face. DR. W. L. WILSON.

Scipio, Ind.

[Odorless soft soap, perfumed with lavender, and colored green with anilin is the simplest, and about as satisfactory as any. A little experiment will determin just how you can prepare it to your own ideas.

A true "egg shampoo" is prepared as follows:

℞ Whites of 2 eggs.
Water .....5 ounces
Ammonia water.....3 ounces
Cologne water.....½ ounce
Alcohol .....4 ounces

Beat the egg whites to a froth, and add the other ingredients in the order listed, mixing thoroly after each addition.

A "good paste face whiting" is the formula known as "beauty cream," prepared as follows:

℞ Powdered alum.....10 grams
Whites of 2 eggs.
Boric acid..... 3 grams
Tincture of benzoin.....40 drops
Oliv oil.....40 drops
Mucilage of acacia..... 5 drops
Rice flour, a sufficient quantity.
Perfume, as desired, enuf to suit.

Mix the alum and whites of eggs, without adding any water, in an earthen vessel, and dissolve by aid of gentle heat (or over water-bath), with constant and even stirring. Continue till aqueous content of albumin is entirely driven off. Avoid coagulation from too much heat. Let the mass so obtained cool, and place in a Wedgewood mortar, add boric acid, benzoin, oil, mucilage, and rub up together, adding enuf rice flour to get the desired consistence, and perfume at will. We do not know of any perfectly liquid face whiting that is harmless and satisfactory.—ED.]

Books on Salvarsan.

EDITOR MEDICAL WORLD:—Wish you would kindly advise me what is considered the best book now publisht upon the subject of salvarsan treatment, and oblige. W. M. GRIFFITH, M.D.

Salt Lake City, Utah.

[The best book on salvarsan of which we have knowledge is "The Pathogenesis of Salvarsan Fatalities," Dr. Wilhelm Wechselmann, publisht by the Fleming-Smith Publishing Co., St. Louis, Mo. Of course, we understand that you want the side of the story *favorable* to salvarsan, and this is best given in "Salvarsan; Its Chemistry, Pharmacy, and Therapeutics," publisht by Paul B. Hoeber, 69 East 59th St., New York, at $1.50, net.—ED.]

Removal of Hair from Face.

EDITOR MEDICAL WORLD:—I have a lady patient about 25 years old that is afflicted with an abnormal growth of hair on upper lip and chin; also upon her forearm. She is a very nice young lady; is a teacher. It is a great source of annoyance to her. I presume you have publisht formulas for the treatment of such growths, but I cannot recall any prescription you may have given. I assure you I would be exceedingly grateful for any assistance you may be able to give me. DR. C. P. FELSHAW.

Holly, Mich.

[There is no perfectly satisfactory method of removal of hair from a lady's face. It can be done, permanently, by the use of the "electric needle," puncturing each hair follicle with a needle and passing a current thru it. Naturally, this is slow, painful, and expensiv. It is seldom

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perfectly satisfactory, since the removal of the hair often permits of secretions collecting to form "blackheads."

The long-continued use of peroxid of hydrogen as a face lotion will bleach the hairs so they will be less noticeable, and, it is said, will finally cause them to disappear entirely—tho of the latter statement we can give you no personal guarantee.

Application of one of the sulfid pastes will remove the hair within a few moments as completely as if it had been shaven off close, but, of course, it grows out again, and the application must be repeated. It is from this line of drugs that the "patent" depilatories are compounded. As an example, we quote you the following:

℞ Barium sulfid.....3 parts
Starch .....1 part
Water, enuf to make a paste.

Trim off the long hair with scissors, and apply the paste thickly over the hairy parts. Examin every minute or so after the paste is applied, and when it is noted that the hair "rubs off" easily, wash off the paste with water. The barium sulfid must be fresh. If the skin shows much irritation, rub on a little cold cream after drying the skin.—ED.]

Goiter Remedy.

EDITOR MEDICAL WORLD:—Will you please give me the address of the firm that puts up a goiter remedy called "Gunther's improved 808"? Also company that puts up iodid of mercury to be used with Gunther's 808. DR. D. L. ROLLINS.
Wickes, Ark.

[We do not know. Can any member of the family supply the addresses askt for?—ED.]

Boy Eats Dirt.

EDITOR MEDICAL WORLD:—Have a patient, boy, 19 months old, who eats dirt every time allowed to get out of doors. Is perfectly healthy; has never been sick. Family history negativ. Hookworm examination negativ. Two older children in family perfectly healthy. Father and mother healthy. Would appreciate help from you or any of the family. J. M. STEPHENS, M.D.
Lauratown, Ark.

[Pica is due to a neurotic heredity, mental defect of the individual, deficiency of normal instinct, hallucination of taste, or alimentary disturbance and worms. If not broken up, it will cause wasting, poor health, sallowness, anemia, colic and diarrhea. If the habit prove inveterate, it indicates a perversion of taste, but is not in itself to be regarded as proof of imbecility. It tends to spontaneous recovery by the third or fourth year of life, tho it sometimes persists till puberty or adolescence.

Keep the child from opportunity to gratify the desire. Tone up the digestion and give tonics. Make sure by the generous use of vermifuges that no worms exist. A change of surroundings and special attention that the child be diverted may do much to alter conditions.—ED.]

EDITOR MEDICAL WORLD:—I have been a reader of THE MEDICAL WORLD for about thirty years. I appreciate it very much and think it about the best journal I take. I certainly have enjoyed your Monthly Talks from beginning to end. E. CHRISTIE, M.D.
Lloyd, Fla.

MEDICAL FRAUDS.

Wine of Cardui.

EDITOR MEDICAL WORLD:—Why not reproduce the article you mention as appearing in the *Journal of the American Medical Association* for July 18th concerning "Wine of Cardui"? It is the greatest fake in the South just now and needs all the airing it can get. So many doctors will never see it unless publisht by you.
Selmer, Tenn. H. C. SANDERS, M.D.

It has been reprinted in pamphlet form by the A. M. A., 535 North Dearborn Street, Chicago, Ill., and will be sent for 4 cents.—ED.]

Hord Sanitarium Method.

EDITOR MEDICAL WORLD:—I inclose a letter which is self-explanatory. What physician (worthy the name) would not feel insulted to receive a communication of this variety? Please make mention of this matter in THE WORLD in any manner you may wish in order to let our profession know that the "grafters" are still within our ranks. ARTHUR L. PARKS.
Rome, Pa.

[We referred to the business-getting method of the Hord Sanitarium in April, 1914, WORLD, and reproduced a letter and check sent to Dr. N. A. Price. The letter there printed differed from the one sent to Dr. Parks, but the $25 offer was contained in both. Dr. Parks is mistaken as to their being in our ranks, for no physician's name appears in any of their literature that we have seen. Perhaps they are practising medicin without a license.—ED.]

AUTOMOBILE TALK.

Repairing Inner Tubes and Tires.

The care of tires and tubes is a matter of great interest to all motorists. Rubber goods deteriorate with age. Dryness and heat are enemies of them. Shoes or outer tires have a foundation work of cotton fabric. Water is an enemy of the fabric. Any available means of preserving the life and usefulness of the tires will be gladly welcomed by autoists.

When shoes are discarded they can be cut in sections of various lengths, and the beading, or edge that hooks under the wheel rim, removed, and then used as inside patches. They are very durable, much stronger than the patches sold by dealers and are very serviceable. All edges should be beveled, so there shall not be a sharp edge to saw the inner tube.

When inner tubes are punctured or torn there are several ways of repairing them. One is to paste a "cementless patch" over the hole. These are round rubber patches having on the under side a coating of raw rubber. In order to make them stay securely the neighborhood of the hole must be carefully cleansed with gasoline and roughened with sandpaper. The raw rubber on the patch must be well soakt with gasoline and then the patch must be carefully and rigidly prest against the rubber tube and held tightly for about ten minutes. If this technic is carefully followed and thoroly done the patch will hold and be airtight. If not carefully done a weak spot may be left and permit a slow or fast leak.

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Another way to repair a tube is to use a vulcanizer. This is an iron cup with teeth projecting upward into which is poured an ounce of gasoline. A piece of raw rubber is inserted in the hole in the tube, the vulcanizer is placed over it and the gasoline set afire. When it has burnt out the patch is vulcanized. The following letter from Dr. Fennel gives his opinion of these methods of repairing inner tubes:

EDITOR MEDICAL WORLD:—I wish to congratulate Dr. H. Stein on his good judgment in buying a Ford car, and am glad that he has "no regrets" for so doing.

In his letter, September WORLD, page 376, he asks what will stop punctures and blowouts. Now, my dear brother, there is nothing that will stop them; but, on the other hand, you must go prepared for these troubles. I always carry four or five extra inner tubes and several inner shoes for punctures and blowouts. You can buy inner shoes at the garages, and a very good substitute is new back-ban, that can be had at any hardware store.

When you have a puncture or blowout, as the case may be, put in a new tube and an inner shoe and go ahead.

I have a gasoline vulcanizer, and when I have a puncture it takes but a few minutes to make the tube as good as new with some raw rubber and my vulcanizer. To make a good vulcanizing cement save all the small scraps of raw rubber and put in a bottle with gasoline enuf to cover. In a few days you will have a dandy cement that will stick.

Never waste time on the road with patches—they soon get hot and give way.

Above everything else, keep your tires well pumpt up and they will not rim cut so quickly.

In conclusion, Mr. Editor, I will add that I have been driving a Ford roadster nearly a year and it hasn't given me any trouble—simply because I go fixt.

Waterloo, S. C. J. L. FENNEL, M.D.

We have had experience with both methods, and will give "the family" the benefit of it. We have found the patches to stay in place when properly put on. Any attempt to put them on in a jiffy, like pasting a postage stamp on a letter, results in failure. It takes about fifteen minutes' painstaking efforts to affix a patch securely. We have found that vulcanizing patches bakes the rubber around the vulcanized patch and that sooner or later the tube opens up seams and cracks in endless profusion around the vulcanized spot and requires either extensiv repairs or discarding. And these seams and cracks begin to follow one another so rapidly when once the change commences that there arises an endless series of blowouts. For our part, we prefer to use the patches. It would be better if the patches could be put on the inside of the tubes. Then the pressure of the air would tend to keep the patch in place rather than to dislodge it. We would like to see the patches sold in strips on spools, so that they would be available for patching long cuts or tears.

Winter Cars and Roads.

Now that the winter season is approaching we will need to see that our curtains and tops are in good order. Those who are out in stormy weather a great deal could probably use a storm top. Both city and country doctors can make use of such a convenience. Fouts & Hunter Company are making one especially for Ford runabouts. Irwin Roberts & Co. are also making storm tops for autos.

Are the roads in your vicinity being put in serviceable condition for winter? If they are not, you should speak to your road supervisor or the county or township commissioners about them. It may do a great deal of good. In this vicinity we have some asphalt streets that are very smooth, a great number of amiesite roads that are superb, and some macadam roads. Amiesite is a combination of asphalt, chemicals and stone and is the most durable road material that we have knowledge of, lasting for many years and requiring little or no repairs. Plain asphalt roads get very soft in hot weather, and rise into ridges and bumps. Tarvia is a serviceable coating of tar that makes a good temporary surface for macadam roads. The macadam itself, however, must be good, smooth and hard or the tarvia is of no use.

Friction-Driven Cars.

We have had a number of inquiries in the past concerning friction-drive automobiles and have been inquiring about such cars. A number of friction-driven cars are making good, among them being the Cartercar and the Metz. While occasionally one car of any make may prove unsatisfactory, in general, they are working well.

J. C. R.

CURRENT MEDICAL THOUGHT.

Menyhert's Treatment for Diabetes.

Menyhert, of Budapest, has devoted six years of his life to the study of diabetes, and has treated 600 cases of this disease successfully without a single case of diabetic coma.

According to Menyhert, the cause of the symptoms in diabetes is to be found in a disturbance in the equilibrium between the three ferments acting in the intestinal canal—the proteolytic, the fat-splitting and the sugar-forming. In this disease the last-named ferment (the sugar-forming) predominates, while protein digestion and fat digestion are impaired. There is insufficient alkali; the fatty acids are absorbed as such as a result of insufficient saponification; while the chyme is not entirely neutralized and acid peptones are absorbed. As a result of the excess of the sugar-splitting ferment, sugar in excess is formed from the proteins and fats which are not decomposed properly by their appropriate ferments.

The Menyhert method of treatment, acting upon the preceding hypothesis, endeavors (1) to restore the equilibrium between the three pancreatic ferments just referred to, and (2) to alkalinize the intestinal canal to facilitate the digestiv process. The diastatic ferment, being in excess, should not be used in medication—it should be eliminated from the pancreatic therapy.

So Menyhert separates the three ferments. He uses only the proteolytic and the lipolytic, as the case may be, the two balancing or equalizing ferments to the diastatic fer-

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ment—those which preserve the harmony in the action of the three. It is an easy matter to determin what we consider a subnormal quantity of the ferments of the stomach, in which case we do not starve our patient—we merely supply what is wanted. In the case of the pancreatic juice we have no way of determining the efficiency of each ferment. We must be guided by the results of our treatment.

As a proteolytic ferment Menyhert uses papain (carica papaya) in pills, each containing 5 grains keratin-coated; for his lipolytic ferment, steapsin is used in 5-grain pills, keratin-coated; and for his alkali, sodium bicarbonate in 8-grain pills, keratin-coated. They are given in this form in order that they may pass thru the stomach unaltered and disintegrate in the intestinal tract, where nature intended they should be.

Bicarbonate of soda, when given *per os*, injures the various functions of the stomach and disturbs general nutrition. He takes advantage, in severe cases, of the frequent urination at night and administers large doses *per os* six hours after the evening meal in order to obtain rapid alkalinity of the patient. The urin and feces are the guides; they must be alkalin to litmus. About 5 to 6 drams of the alkali are given per day. A few grains are given every half-hour. The soda is reduced or increast as required. Very often 6, 10 or 15 doses a day are sufficient. The papain is given three times a day, one hour before meals, in doses of 3 to 6 or 8 to 12 a day, as the case may demand.

The lipolytic ferment is usually given when an increast amount of fat is prescribed in the absence of acidosis. One or two doses a day are given for a short time and then discontinued.

The remedies in each case must be individualized. Mineral waters are forbidden; they are usually alkalin and cathartic. Diarrhea must be checkt. One movement a day is recommended. Opiates may be used to check the bowels if necessary. Occasionally edema appears on the extremities. Then the alkali is reduced in quantity or left off entirely for a day, and a large dose of sulfate of magnesia on an empty stomach administered, when immediate results follow. Complications are treated as they appear.

As to diet, Menyhert allows the patient to eat what he orders for him until satisfied. Diet is adjusted to weight and general condition. Vegetables are used in large amounts. Meats, fish, cheese, wine and eggs are all on the diet list. The yolks of eggs only are utilized in severe cases, and in such cases the quantity of fats is restricted. He may keep his patients entirely without carbohydrates and refutes the claim that the carbohydrate is essential to burn up the fatty acids and so prevent the formation of fatty acids. The diet is, of course, varied to meet conditions.—*Ther. Gazette.*

Diet for Diabetic Gangrene.

Lambert and Foster report several cases in the *Annals of Surgery* in which limbs and lives were both undoubtedly saved by conservativ treatment. The dietetic method is of interest, and should be useful in most cases of diabetes.

First, with regard to those patients who present no evidence of acidosis, the urin gives no reaction with ferric chlorid (Gerhardt's test). These cases may be divided for our convenience into classes: (1) Where the urin becomes sugar free quite promptly after restriction in carbohydrate; (2) where the urinary sugar falls to trifling amounts, 15 to 70 grains a day, on restriction of starch, but fails to disappear completely on this diet. In both of these cases, without evidence of ketonuria, the diet may be reduced at once to very small amounts of carbohydrate by using meats, eggs, fats and vegetables that contain little starch. The foods that are available for this diet make up the following table:

Breakfast: Eggs, chops, broiled chicken, fish (fresh, salt or smoked), ham, bacon; tomatoes, onions, mushrooms (broiled or fried); coffee, 1 tablespoonful cream, saccharin to sweeten.

Lunch: Clear meat broths, meat of all kinds, game, poultry, fish; green vegetables, served hot with butter sauce, spinach, Brussels sprouts, string beans, asparagus, artichokes; salad of lettuce, endive, cucumber or tomatoes, with oil and vinegar, and any kind of cheese.

Dinner: Clear broths, *e. g.*, consommé; meats same as lunch; artichoke root as substitute for potato, cabbage, asparagus, spinach, string beans, served hot; gelatin jellies and custards sweetened with saccharin; nuts of any sort, except chestnuts. Black coffee (claret or whiskey, if desired).

Bread may be eaten with breakfast and dinner.

In addition to these foods it is advisable to begin the diet with an addition of a small amount of carbohydrate, 4 to 5 drams. The reason for this is that certain patients develop quite rapidly a definit acidosis when suddenly deprived of all carbohydrate. A slice of bread, 3 by 4 inches and ½ inch thick, will approximate 2½ drams of starch. Twenty grammes of starch a day, two slices of bread, is adequate

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protection from serious acidosis. A positiv Gerhardt's test may be ignored when the ammonia nitrogen is but 15 to 24 grains per day. On this diet many diabetics cease to excrete glucose within 10 days. After the urin has been kept free of sugar for several days the diet is to be enlarged by the method to be mentioned later.

On the above diet other cases of diabetes continue to excrete small amounts of sugar after 10 days. As this sugar, even tho trivial in amount, indicates that hyperglycemia still persists, and further dietetic change is required, it becomes necessary to interpolate days when the total quantity of food is restricted. Naunyn used a starvation day, but the same end may be obtained with less discomfort to the patient by the following:

Morning: Omelette of four egg yolks with tomatoes and parsley; 1 large cup of coffee with tablespoonful of cream.

Noon: One small piece of fish, 1 2/3 ounces; spinach with butter or oil *ad libitum*; one glass of claret or whiskey.

Four o'clock: Cup of bouillon.

Evening: Asparagus or cabbage served hot with butter; yolks of two eggs soft boiled; tea or coffee (no sugar or cream).

This vegetable day may be used once a week or at most every fourth day. The urin of this day must be watcht for signs of acidosis. When the total sugar excretion has been reduced to 1 or 2 drams a day and will not reduce further, as occasionally happens, this vegetable day is a potent means of clearing up conditions.

When acidosis is a pronounced condition it is necessary to use alkalies at all times and to meet the condition in so far as possible by diet. The oatmeal diet gives the best results, and consists of 64 ounces of oatmeal gruel, black coffee in small amounts if desired and water *ad libitum*. To prepare oatmeal gruel cook in a double boiler for at least six hours, 10 ounces of oatmeal in two quarts of water, slightly salted. While still hot strain thru a sieve and add 3 ounces of butter and stir well. This diet is given solely to combat acidosis, but it not infrequently happens that sugar excretion diminishes or vanishes with its use. An oatmeal day may be used once or even twice a week in severe cases, and when the sugar excretion is excessiv or obstinate a vegetable day followed by an oatmeal day reduces both sugar and ketone excretion.

When the urin becomes free of sugar it is wise to delay at least five days before permitting an increase in the starch ingest. The increase must be made sooner or later if it is possible to do so without inducing a return of glycosuria. In order to facilitate this gradual building up of a diet the unit table is employed. The starch content is expresst in units, instead of drams, as patients grasp this more quickly; 2½ drams of starch is one unit. The values are approximate only. The following table supplements the preceding one; as all foods in the latter may be used *ad libitum*.

The food in this list to be taken only in the amounts ordered:

Soups

Bean	average portion	equals	one unit.
Clam chowder	average portion	equals	one unit.
Cream of corn	average portion	equals	one unit.
Pea purée	average portion	equals	one unit.
Potato	average portion	equals	one unit.
Tomato	average portion	equals	one unit.

Vegetables.

Beans, baked,	2 tablespoonfuls	equal	2 units.
Beans, butter,	2 tablespoonfuls	equal	1 unit.
Beans, lima,	2 tablespoonfuls	equal	2 units.
Beans, kidney,	2 tablespoonfuls	equal	2 units.
Beets,	2 tablespoonfuls	equal	1 unit.
Corn, green,	1 ear	equals	2 units.
Onions,	2 onions	equal	1 unit.
Corn, canned,	2 tablespoonfuls	equal	2 units.
Green peas,	2 tablespoonfuls	equal	1 unit.
Potato, baked,	1 medium sized	equals	3 units.
Potato, boiled,	1 medium sized	equals	3 units
Potato, mashed,	2 tablespoonfuls	equal	2 units.

Fruits.

Apple,	1 medium sized	equals	2 units.
Blackberries,	2 tablespoonfuls	equal	1 unit.
Currants,	3 tablespoonfuls	equal	1 unit.

Bright's Disease Treated with Potassium Nitrate.

John Vassalli, of Baltimore, Md. (*Maryland Med. Jour.*), has treated over thirty cases of Bright's disease in the last year successfully with potassium nitrate. His method is illustrated by the following case report:

S. K., artist, 68 years. December 13th, hydrops of both legs and scrotum; urin—albumin, hyalin and granular casts. Ordered Priessnitz applications [hot wet pack—ED.], changed every six hours. Elevated position of legs. Potassium nitrate, 15 grains every two hours. Light diet; four milk punches with egg a day.

December 17th, hydrops disappeared; patient can sit up in chair, with legs elevated; December 20th, few hyalin casts; trace of albumin. Then ordered potassium nitrate, 15 grains every two hours. Light diet; four milk punches with egg a day.

December 29th, no casts, no albumin, patient can walk about; January 3d, urin normal, potassium nitrate 15 grains three times a day; January 10th, urin normal, potassium nitrate 15 grains three times a day; January 24th, urin normal. Patient discharged.

The dose of potassium nitrate is 8 to 15 grains dissolved in 5 drams of water *every two hours* till the casts disappear and the albumin is reduced to a trace, then the same dose three times a day and several weeks after the urin is normal. Potassium nitrate does not disturb the stomach or the intestins, and has no bad effect on the patient. It acts in some cases constipating, and this action has to be neutralized by a natural aperient water taken every morning.

If hydrops is present, he found the most success-

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ful treatment to be "Priessnitz applications," with elevation of the legs above the level of the pelvis.

The diet: Mostly vegetable and farinaceous food; meat sparingly once a day; buttermilk, milk, milk and egg, with or without liquor.

Under Bright's disease he includes chronic and acute nephritis with presence of albumin and casts in the urin.

He does not claim that the disease is curable in the last stages, but is convinced that it is possible to stay the disease even then and prolong life.

Treatment of Urticaria.

Dr. Allen Eustis, in *New Orleans Med. and Surg. Jour.*, discovered that typical urticarial symptoms could be produced by rubbing into the skin a solution of betamidozolylethylamin. This substance is produced when histidin is allowed to putrefy, and histidin is one of the amino acids produced by the normal pancreatic digestion of proteids. Eustis assumes, therefore, that back of the urticaria is decomposing albumin in the alimentary canal. A rational therapy, therefore, can be outlined based upon dietetic principles.

H. Salomon, writing from the von Noorden Clinic at Vienna, recently called attention to the striking results he has obtained in the treatment of rebellious urticaria by having the patients abstain from all albumin for a period of two weeks. In his experience the urticaria did not return after this dietetic restriction, altho the patients gradually resumed milk, eggs, cheese and meat, still keeping the albumin ration, however, rather below the usual amount. The diet he permitted in these two weeks consisted only of tea, coffee, bouillon, lemon and grape juice, potatoes, rice, cereals and plenty of butter and sugar, with 1⅜ ounces of bread made of coarse flour. All of these articles of diet are very low in protein and the proteins contained therein do not yield histidin on digestion. The aim should be to prevent the putrefaction of histidin in the intestinal canal, and this can be prevented by the diet suggested by Salomon—*i. e.*, not introducing any histidin, or, when introduced, by overcoming the tendency to intestinal stasis. This latter can best be overcome by an initial purgativ. The following formula has given Eustis uniformly good results, with none of the usual disagreeable effects of calomel:

℞ Hydrarg. chlor. mitis.....gr. iij
Phenolphthalein,
Pulv. rhei. āā.....gr. vj
M. et ft. caps. no. iij.
Sig.:—One every half hour at night.

The average time of the first stool has been eight hours after the last dose, with little or no nausea, and no colic. As a rule, it is not necessary to give a saline afterward. A formula for elixir of phenolphthalein is given on the Prescription Page in this issue of THE WORLD.

Daily evacuations of the bowels should be seen to, and this can best be accomplisht by liquid albolene in two to three ounce doses, fig paste containing chopt senna leaves, or agar-agar taken in oatmeal in the morning. By adding beets, celery, spinach and other foods containing much cellulose, to a diet such as outlined by Salomon, instructing the patients to observe regularity in emptying the bowels, and the imbibition of a glass of water upon rising in the morning, the condition can be easily remedied by overcoming the intestinal toxemia. The latter condition can be easily judged by frequent examinations of the urin for indican, and whenever present in more than a trace, protein food should be eliminated from the diet. A virulent culture of the bacillus bulgaricus has also given good results. In the one case in which we tried this dietetic treatment the urticarial eruption disappeared immediately and has not returned.

Vaccine for Arthritis Deformans.

Greene reports the case of a man, aged 44 years, who began three years ago to have an arthritis in the right wrist. The condition gradually extended, involving all the joints of the body. The condition was accompanied by continual pains in the joints and muscles and thru the neck and chest, so that the patient was unable to obtain comfortable sleep during the night, or rest during the day. He had lost 37 pounds in weight during the three years. Three weeks ago Greene made an examination and found all the joints of the extremities greatly enlarged and partly ankylosed. The movement of the jaw was so limited that he was not able to put his false teeth into his mouth. His right wrist was almost completely ankylosed and there was markt deformity in the hand.

He drew 5 c.c. of blood from the median vein with a hypodermic syringe. The blood was placed in an incubator and allowed to remain for twenty-four hours. The serum was then poured off and plated and placed in the incubator for another twenty-four hours. A number of colonies were visible. Examination showed two distinct organisms, a bacillus which was similar to the one described by Ballantyne, Wohlmann and Bloxall, and a diplococcus, probably the same as Boynton and Payne had isolated from the synovial membranes in chronic arthritis.

A bacterin was prepared from these organisms and treatment was instituted on March 5th. After two weeks, the man was able to sleep without disturbance during the night, and says his pain has entirely left him. The right wrist, which was apparently completely ankylosed, has markedly limbered up and the swelling has disappeared. The circumference has decreast three-fourths of an inch. He is able easily to insert his false teeth into his mouth. His appetite has returned and he gained 1 pound in weight in a week. The patient keeps steadily improving. Other patients whom Greene has under observation are also improving.—*New York Medical Journal.*

EXAMINATION QUESTIONS.

Kentucky, December 11-13, 1913.

PHYSIOLOGY.

1. Give function of portal circulation.
2. Describe the interchange of gases in the lungs.
3. Describe and give functions of gastric juice.
4. Describe the process of skin desquamation.
5. Discuss (*a*) an afferent nerve, (*b*) an efferent nerve.
6. Discuss the fluids of reproduction from a physiological standpoint.
7. What is the function of the medulla oblongata?
8. Give (*a*) relative number and (*b*) function of red and white blood corpuscles.
9. Why is the lymphatic system so essential to the human body?
10. Discuss an uriniferous tubule from a physiological standpoint.

Answers.

1. The function of the portal circulation is to carry the venous blood from the stomach, intestins,

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pancreas and spleen to the liver. The blood thus carried is loaded with the products of absorption. In the liver this blood enters into close relation with the hepatic cells, and is finally carried to the inferior vena cava.

2. RESPIRATORY CHANGES IN THE LUNGS. *"Oxygen:* During a normal inspiration atmospheric air is drawn into the larger bronchi; here the tension of the oxygen is greater than the tension of that oxygen which is in the infundibula, where the oxygen tension in man has been calculated to be 13% of an atmosphere of oxygen. The gases in the infundibula, and consequently in the alveoli, are separated from the blood plasma in the lung capillaries by the flattened cubical epithelium of the alveoli and the endothelium lining the capillaries; it is believed that oxygen diffuses from the alveoli thru the two kinds of epithelium into the plasma of the venous blood which has just arrived in the lung, and which is collected in the distended capillaries. Now, oxygen accumulates in the blood, which is consequently becoming rapidly arterial, until its tension rises to 38.5. It is obvious, therefore, that there must be another factor at work besides diffusion to account for this difference of oxygen tension. The epithelium which lines the alveoli is cuboidal in shape, and was originally derived from the epithelium lining the alimentary canal, and in function it is probably secretory. The inference to be drawn, therefore, is that some oxygen diffuses from the alveoli into the plasma of the lung capillaries so long as the oxygen in the alveoli is at a higher tension than that in the plasma; when, however, a state of equilibrium is reacht, the cubical cells, possibly controlled by the vagi, begin to secrete oxygen from the alveoli into the blood plasma.

"Carbon dioxid leaves the venous blood in the pulmonary capillaries and gets into the alveolar air, where its tension is usually 5% in males and 4.7% in women and children. The tension of carbon dioxid in venous blood is higher than 5%; so that it is by diffusion that the CO2 leaves the venous blood and enters the air in the alveoli, and it is by a continuation of the process of diffusion that the CO2 leaves the air in the alveoli and enters the bronchioles." (Lyle's *Physiology.*)

3. *Gastric juice* is a thin fluid, almost colorless, of acid reaction and taste, specific gravity varying from 1001 to 1006, and containing about 0.5 to 1.0% of solids. It contains pepsin, rennin, hydrochloric acid, mucin, salts and water. Its main function is to dissolv proteids and change them into proteoses and peptones; it coagulates milk; it splits up fats; and it has some germicidal action.

4. *Skin desquamation:* "The deeper layer of the epidermis consists of cells which are polygonal in shape and moist in character, and is called the mucous layer or rete mucosum. The superficial cells are dry and flattened, and constitute the horny layer of the epidermis. There is a constant production of new cells in the epidermis taking the place of other cells, which are pusht toward the surface and finally shed by the skin. This process of shedding the superficial dry scales is constantly taking place, and is aided by the rubbing of the clothing against the skin and by the friction employed in bathing. The desquamation takes place in the form of minute scales. Only upon the scalp do they tend to become visible to the eye and appear as flakes, forming a condition commonly known as dandruff."—(*Personal Hygiene.*)

5. *Afferent nerves* carry impulses to the nerve centers. They are classified as: Sensory (general sensation), special sense nerves, thermic nerves, inhibitory, and excitoreflex nerves.

Efferent nerves carry impulses away from the nerve centers. They are classified as: Motor, vasomotor, trophic, secretory, accelerator, and inhibitory.

6. "The seminal fluid consists of secretions from the testes, vasa deferentia; vesiculæ seminales prostate, Cowper's glands, and the muciparous glands of the urethra. It is whitish in color, viscid in consistency, alkalin in reaction, and possesses a characteristic odor. The amount ejaculated varies from 0.5 c.c. to 6 c.c. It contains from 82 to 90% of water, nuclein, protamin, proteids, xanthin, lecithin, cholesterin, fat, sodium and potassium chlorids, sulfates, and phosfates. From it may be obtained Charcot's crystals, which are a phosfate of the nitrogenous base, spermin, and which have their origin in the portion of the semen which is contributed by the prostate; to the decomposition of the substance which produces these crystals the odor of the semen is attributable. While the spermatozoa are the essential fertilizing agents the presence of the fluid portion of the semen is important as giving to them their mobility, without which they could not travel in the generativ passages." (Raymond's *Physiology.*)

7. The *functions of the medulla oblongata* are: (1) It is a conductor of nervous impulses or impressions from the cord to the cerebrum, from the brain to the spinal cord, also of co-ordinating impulses from the cerebellum to the cord; (2) it contains collections of gray matter which serve as special nerve centers for the following functions or actions: respiration, salivary secretion, mastication, sucking, deglutition, vomiting, voice, facial expression; it also contains the cardiac and vasomotor centers.

8. There are generally about 5,000,000 red corpuscles and about 7,000 to 10,000 white corpuscles to each cubic millimeter of blood. The ratio is therefore about 1 white to 500 or 600 red.

Functions: The *red blood cells* carry oxygen from the lungs to the tissues. The *white blood cells:* (1) Serve as a protection to the body from the incursions of pathogenic microorganisms; (2) take some part in the process of the coagulation of the blood; (3) aid in the absorption of fats and peptones from the intestin, and (4) help to maintain the proper proteid content of the blood plasma. The function of the *platelets* is not determined; it is possible that they take some part in the coagulation of the blood. The *plasma* conveys nutriment to the tissues; it holds in solution the carbon dioxid and water which it receives from the tissues, and takes them to be eliminated by lungs, kidneys and skin; it also holds in solution urea and other nitrogenous substances that are taken to and excreted by the liver or kidneys.

9. *Function of lymph:* (1) It conveys nutriment to all cells not directly reacht by the blood; (2) in the intestins, it absorbs nutrient material (chiefly fat) and pours it into the blood stream for distribution; (3) it takes certain waste matters to the blood to be later eliminated by the lungs, kidneys and skin.

Without the lymphatic system the above functions would be in abeyance.

10. "The Malpighian bodies and that portion of the urinary tubules known as the convoluted tubes are both engaged in the separation of the urin from the blood. The Malpighian bodies are probably engaged in secreting the greater part of the water of the urin, the process depending to some extent upon the pressure in the capillary tuft. The convoluted tubes are lined by glandular epithelium and are surrounded by a plexus of capillaries. The epithelium lining then appears to exercise a certain selectiv influence in secreting the urea, uric acid and pigment. These substances, having been separated from the blood and having entered the tubules, are washt down by the water coming from the glomeruli. While the secretion of the watery part of the urin takes place at the glomerulus the urea, uric acid and other constituents are separated from the blood by the agency of the epithelium lining the convoluted tubes. Blood contains .02% of urea normally, while urin contains 2%; it is evident, then, that the epithelium of the kidneys is activly employed in selecting the urea in the blood and passing it into the urin."—(Ashby's *Treatise on Physiology.*)—*Medical Record.*

(To be Continued.)

BOOK REVIEWS.

ANOCI-ASSOCIATION. By George W. Crile, M.D., Professor of Surgery, School of Medicin, Western Reserve University, Cleveland; and William E. Lower, M.D., Associate Professor of Genito-Urinary Surgery, School of Medicin, Western Reserve University, Cleveland. 259 pages, 60 illustrations. Philadelphia and London: W. B. Saunders Co., 1914. Cloth, $3, net.

The text is divided into two parts, the first treating of "The Kinetic Theory of Shock and Anoci-association," and the second of "The Treatment of Shock and Its Prevention Thru Anoci-association." The authors state: "There is no longer any need of the postoperativ recovery room; the work of the nurses is lessened; and the clinical aspect, both in and out of the operating room, is altered." "The Technic of Administering Nitrous-Oxid-Oxygen Anesthesia" carefully details the method of inducing and maintaining anesthesia under this method. "Technic for Special Operations," "Anoci-association in Its Relation to the Preoperativ and Postoperativ Care of Patients" and "A Hospital Plant for the Manufacture of Nitrous Oxid" are included. The death rate in Lakeside Hospital in 1908 (the year

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previous to adoption of this method) was 4.4% for all operations; in 1912, under this method, it has fallen to 1.9%. "Not only the lessened post-operativ morbidity, but a reduced mortality rate also bears witness to the value of the technic by means of which anoci-association is attained." The authors take the reader into their confidence in detailing the steps followed from the incipiency of the idea. It is already in use by many surgeons all over the land, and no other article gives such full information as this story of the authors, who alone have a practical experience with it in more than 26,000 cases.—A. L. R.

A TEXTBOOK OF MEDICAL DIAGNOSIS. By James M. Anders, M.D., Professor of the Theory and Practise of Medicin and of Clinical Medicin, Medico-Chirurgical College, and L. Napoleon Boston, M.D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia. Second edition, thoroly revised. 1,248 pages, 500 illustrations, some in colors. Philadelphia and London: W. B. Saunders Co., 1914. Cloth, $6, net; half morocco, $7.50, net.

The authors have been working on the revision two years, and it is abreast of our rapidly advancing clinical and laboratory methods of diagnosis. The most important additions are: Movements of the two halves of the chest, electrocardiograms, extrasystole, auricular fibrillation, sinus irregularity, succussion sounds audible over the abdomen, abdominal tension with original methods of determination, albuminous sputum, cobra-venom reaction in syphilis, the tick in transmitting relapsing fever, Rumpell-Leed phenomena in scarlet fever, inclusion bodies of Dohle in scarlet fever, sweating and its significance, Trichinella spiralis in the blood, MacEwen's sign and Brudzendski's sign of epidemic meningitis, Pendergast's reaction for typhoid fever, fatty emboli, pupillary reaction, drug eruptions, nitrogen content of the blood, respiratory movements in hiccough, colloidal nitrogen of the urin, and initial eruptions in measles. Clinical tables have been added on the following subjects: Bloody sputum, dyspnea, hemorrhage from the mouth, abdominal enlargement, vomiting, ascites, splenic enlargement, hematuria and bacteriuria, Stokes-Adams disease, blood pressure, ulceration of the duodenum, Addison's disease and anterior poliomyelitis have been rewritten. Faught has assisted on the subject of blood pressure. This edition is a vast improvement on an already excellent exponent of this branch.—A. L. R.

DISEASES OF INFANCY AND CHILDHOOD. By Louis Fischer, M.D., Attending Physician to Willard Parker and Riverside Hospitals, New York City, etc. 935 pages, 301 text illustrations, 43 plates. Publisht by F. A. Davis Co., Philadelphia. Price, $6.50, net.

This is a very comprehensiv book on the subject, giving a thoro exposition of every phase and particular, in great detail, seemingly no point in the vast domain of pediatrics having been omitted. The diseases of infancy and childhood at all seasons of the year are included. The unusual advance in pediatrics has necessitated the virtual rewriting of the book, now in its fifth edition. All the newest ideas and methods of treatment, which have undergone a great change in the last few years, are incorporated. Milk idiosyncrasy, anaphylaxis, amebiasis, uncinariasis, acetonemia, and spasmophilia are new articles. Infectious diseases, vaccine and serum therapy are thoroly elucidated. The book is well indext.—J. C. R.

DISEASES OF BONES AND JOINTS. By Leonard W. Ely, M.D., Associate Professor of Surgery, Leland Stanford Junior University, San Francisco, Cal. 220 pages, 94 illustrations. Publisht by Surgery Publishing Co., New York. Price, cloth, $2.

This book is intended primarily for the general practician, but instead of furnishing a mass of details, and with many methods of treatment from which he may choose, the author lays down broad general principles, with the evidence upon which they are based, and then shows how these principles may be applied. Professor Ely is particularly well equipt from experience to present an authoritativ work, having specialized in this particular branch of surgery for years. In a brief, terse way it presents the anatomy, physiology and pathology of bones and joints, acute and chronic arthritis of various types, ankylosis, diseases of the shafts, acute osteomyelitis, chronic inflammations in the bone shafts, new growths in bone, etc. The illustrations aid materially in making clear the author's meaning.—J. C. R.

THE WHITE LINEN NURSE. By Eleanor Hallowell Abbott. 276 pages, 6 illustrations. Publisht by The Century Co., New York. Price, $1, net.

This book, by the author of "Molly Make-Believe," is an interesting story of a pretty little trained nurse; a gruff, busy surgeon who takes time to go on an excursion each year with John Barleycorn, and his little lame daughter, who has a sharp tongue which hides her love-hungry heart. The Doctor's proposal to the pretty little nurse occurs under the most peculiar circumstances; and her later handling of affairs shows her to be a shrewd woman of sense and wins her the love of the Doctor and his little daughter. Altogether it is a very unusual story of deep interest.—R. I.

THE FUGITIV PHYSICIAN, OR THE ADVENTURES OF A TEXAS PHYSICIAN. By Dr. Hyoscyamus Flyer. 63 pages, 9 cuts. Publisht by N. B. Knight & Co., Houston, Texas. Price, 25 cents.

This little interesting piece of fiction relates the incidents of a grave robber, who fled to Mexico, engaged in bullfighting, returned to his former residence and was thereupon convicted of his offense. It is intensely interesting, well illustrated, and makes a good thrilling story for a leisure half hour.—J. C. R.

THE PHILOSOPHY OF MODESTY AND DECENCY. Part Second of the Rights of Love and Special Number of the Whole Simple Truth. By W. H. Wilgus. 61 pages. Publisht by the author, Mt. Sterling, Ill.

This pamphlet is a laboriously and cumbrously written essay, very verbose and uninteresting. The typography is execrable. Its aim apparently is to espouse the cause of "free love." It is not at all convincing in its argument and we think will not interest many people.—J. C. R.

Acknowledgments.

The Summer Care of Infants. By W. C. Rucker, Asst. Surg. Gen., and C. C. Pierce, Surg. U. S. P. H. S. Supplement No. 16, Public Health Reports.

The Administration of a Yellow Fever Campaign. By W. C. Rucker, Asst. Surg. Gen., U. S. P. H. S. Supplement No. 15 to Public Health Reports.

Medical Education and the Municipal Hospital. By August Schoehner, M.D., Louisville, Ky.

The Significance of a Declining Death Rate. By Fredk. L. Hoffman, LL.D., Prudential Ins. Co., Newark, N. J.

Reasons and Remedies for Our Business Troubles. By Samuel Untermyer, New York City.

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TRAVEL TALK

By the Editor, Dr. C. F. Taylor.

*Sweden.**

I AM writing this only a little more than a week after having entered Sweden, because, owing to the disturbed conditions of transportation caused by the war, it is well to allow plenty of time for this to reach America. Also, for this reason my observations concerning Sweden will be brief.

The Scandinavian peninsula is divided by a longitudinal range of mountains much nearer to the western than to the eastern boundary. This mountain range is the boundary between Norway and Sweden, and hence while these two countries are of almost equal length, Norway is much narrower than Sweden in most of its length. While Norway falls suddenly to the sea, forming those picturesque fjords for which it is famous, Sweden slopes gently and gradually to the east coast, forming a broad and productiv country. I arranged to travel by rail across the peninsula, from Trondhjem, Norway, to Stockholm, traveling only by day and stopping by night, so in these two full days of travel I got some idea of rural Sweden. Norway's rugged visage changed to the gentler one of Sweden—and we enjoyed the change. But as we passed one Swedish mountain resort after another, peopled by gay and happy "summer" people, we wondered that they would come so far (from Stockholm) for such tame mountain scenery—very tame, ideeed, compared with what we left in Norway. But the air was remarkably clear, cool and bracing, and the days were bright and skies blue, contrasting with Norway's clouds and chilly dampness.

The farms are larger in Sweden than in Norway, and they look very prosperous—very much like farms in our country. The level and rolling expanses permit Sweden to be a good agricultural country. I don't think I ever saw clover grow as luxuriantly as in Sweden and in some parts of Norway. That means good cattle and horses. But animals and animal products do not form near as prominent exports from Sweden as does butter from Denmark. The farm products of Norway and Sweden are mostly consumed at home. The butter of Denmark is mostly exported at a good price, while (I was surprised to learn) much oleomargarin, an artificial butter ("margarin," they call it—I saw it freely advertised), is manufactured for home consumption. I saw it advertised in Norway, also, but not yet in Sweden. While all Scandinavian butter is good, there is none better, to my taste, than the Swedish.

A view in Stockholm, which is unsatisfactory, for a dozen as pretty and as characteristic views could be given, and I cannot give them all.

Stockholm.

Stockholm is certainly a beautiful city. It is partly Venetian; but the Italian Venice is flat; while this "Venice of the North" is built largely

*Owing to delay in getting the second part of Dr. Taylor's Denmark article (which was intended for August WORLD, but received too late for it, and therefore printed in September WORLD), we are printing the article on Sweden ahead of the one on Norway, altho he visited Norway previously. The present article deals somewhat with international politics, and we desire to present it promptly. The Norway article will appear next month.

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on rocks, some of them high, skirted by deep water, giving majestic views not known in the Italian Venice. Hard must have been the work of leveling the rocks in order to build the city. The longer I stay in Stockholm, the more I am imprest by its beauty. Excepting Princess Street in Edinburgh, I cannot bring to mind any city with equal picturesque charm. Also it is clean, orderly, and the buildings are noble. Small parks, exceedingly well kept, are numerous. The views sent herewith are unsatisfactory, because it is impossible to give an adequate idea of the city without giving more views than we can spare room for. The environs, among the islands either in the salt water or in the lake (they join here by a shallow lock), are all that one could dream of.

for an unbroken period of at least 6,000 years!—a longer period than any other European people can look back upon. Almost the same can be said of the kindred race, the Danes, but they have met the currents of southern population more than the Swedes have; hence the racial stock is less exclusiv. Raven hair, black eyes and a swarthy skin are, indeed, rarities here—imported when found. Never before have I seen such uniformity of fair skin with a healthy glow, blue eyes and light or brown hair. In Denmark I found myself admiring the men; here I find myself admiring the women, but there are many large and handsome men here, also.

The kingdom of Sweden, practically as now constituted, dates from about 700 A. D.; hence now about 1,200 years old—much older than any other

A general view of a part of Stockholm. It is impossible to give a general view of the entire city. The foot bridge in the foreground leads from the top of a high rock plateau upon which one part of the city is built to an elevator over 100 feet high used by people to go to and from the boats and bridges below, which connect with the other side.

The Swedish People.

If I may judge the people by my observations during the short time I have been among them, I must express a very high opinion of them. They are larger and handsomer than the Norwegians, and they are more true to the Scandinavian type than the Danes. I have lookt carefully in Holland, northern Germany, Denmark and Norway for those large, light-skinned, blue-eyed people that we have always heard of in the north, and I find them far more uniformly in Sweden than in any other country. The Dutch are smaller and darker skinned than the Swedes; the Spanish wars and Belgian and French proximity have diffused much Latin blood into Holland.

Perhaps it will be as great a surprise to you as it was to me to learn that the Swedes have been here state now existing in Europe. These are some of the interesting things very briefly told about Sweden, not generally known.

As we see the people on the street, in the parks and in other public places, we are struck by the number, the beauty and the well-kept condition of the children. And when we see children and mothers together, we say, beautiful children of handsome mothers. And then I think of the war. I suppose there were as beautiful and promising little boys here 20 years ago as now; and now they are carrying muskets. Twenty years ago there were beautiful little boys in France, Germany and Russia. Now they are trying to kill one another. Look into the sweet faces of little boys in any country, even in your own home; look deeply into the blue eyes—or brown, listen to the innocent

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prattle and run your fingers thru the silken hair, and then wonder if they are being raised for war. Has the present generation common sense enuf to save these little innocents from such a fate?

All over Europe at the present moment the flower of manhood in every family has gone and may never return. Sweden is not at war, but she is in close proximity to and threatened by war. Therefore she must get her reserves out to guard the coast and be ready for instant action. We have seen them by dozens and scores, leaving business and occupation, form into troops and march away with a gun, in citizen's clothes, no attempt at a uniform except a three-cornered military hat. We have seen them march to large boats, which they would fill to capacity, and then I suppose they would be taken to strategic points on the coast.

And Sweden is not at war. How much worse must it be in the countries on the continent which are now fighting? And how about the coming winter, both in the field and in the homes left behind?—particularly the homes of workingmen, with the wages cut off and the scanty soldier's pay substituted. These problems are already engaging the ladies of Sweden, and sewing societies are already formed to prepare for the hard winter ahead, hard in the home as well as in the field. I suppose there are similar activities going on in other countries, where hardship is likely to be much greater than in Sweden.

Another indication of Swedish character, including the women, is that when Russians were driven out of Germany and Germans out of Russia, great crowds of both passed thru here. Both were treated kindly, and the ladies provided free food in a little park near the central station for the destitute.

The area of Sweden is 172,963 square miles; and the population, December, 1912, 5,404,192. It is as large as some of the largest of our states, and several of our states have a larger population. If I remember correctly (I have no reference books with me), the population of New York state is about 9,000,000, Pennsylvania about 8,000,000, and Ohio and Illinois about 5,000,000 each. It would be interesting if the reader would compare the area and population of some of our more important states with that of the smaller European nations, as the three Scandinavian countries, Holland, Belgium, etc. And think of a monarch and a royal family for each, while our states and our nation get along without such an appendage.

The Royal Palace at Stockholm. It is about in the center of the modern city. It is built on an island, upon which the city was founded in 1255, after it had been well fortified. Settlements on the mainland north and south were repeatedly swept away by enemies until about the seventeenth century.

The population grew 81,789 from December 31, 1910, to December 31, 1912. Emigration during recent years has been about 20,000 per year, about six-sevenths of which came to the United States.

Industrial Sweden.

Sweden is chiefly an agricultural country, as really are many other countries not so clast, as Norway, for example, because agricultural products do not figure largely in the exports. A country can produce farm products, chiefly, and consume all of them while producing other things for export, and be known to the world, not by the agricultural products consumed, but by the other products exported. So it is with Sweden.

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Denmark's chief export is butter—it is known as a butter-producing country. Norway's chief export is fish—it is known as a fish country. Sweden's chief export is timber. I askt an old resident if they were not afraid of destroying their timber, and thus ruining this important asset. He said that the lumber men are required to replant every area that they exhaust, or an equal area, so that the timber area does not decrease. Owners of large forests take only one hundredth part per year, so that the part taken each year will have 100 years to reproduce itself. Imagin Americans doing such a thing! Yet if Michigan, for example, had been managed as Sweden is, think of what wealth it would now possess, with the greatly increast and increasing value of timber. Sweden is abundantly supplied with rivers and lakes which greatly facilitate the marketing of timber. Sweden has iron ore of unusual quality, but no coal with which to work it; so it has to go out as ore; and copper and zinc ores are also exported; but so much coal (about $20,000,000 worth per year) has to be imported that she does not get ahead on minerals. About $57,000,000 worth of timber is exported per year, which is the chief source of national income from the rest of the world. Norway imports considerable more than she exports, but she makes it up by the earnings of her ships. Sweden has a slight excess of imports over exports, and she probably makes it up in the same way, as Sweden does a great deal of shipping, mostly, however, for herself. At any rate, Sweden seems to be prosperous. The study of import and export tables does not reveal everything. The people are well drest, even stylishly so; they seem to be well fed, and they are certainly well housed.

Skane, or Scania, is the name of the most southerly province of Sweden—and quite a small province. From this came the name, "Scandinavia."

The Three Capitals.

I have been surprised at the number of magnificent, colossal bronze statues of Swedish heroes in the squares and parks of Stockholm. Sweden has had a long and notable history; hence, many heroes, chiefly military; tho one of the grandest statues, in one of the prettiest parks, is that of Linnæus, the great botanist. There are also memorials of the Ericsson brothers, John and Nils,‡ and the chemists, Scheele and Berzelius. I remember some colossal statues of military heroes in Copenhagen. Both Denmark and Sweden have had a history of successful conquests, and at times their territory was much greater than now. Christiania imprest me as a comparativly young capital of a young country, which is true, as Norway has not long enjoyed an independent existence. Hence the lack of memorials of military heroes. Norway has not been an aggressiv military nation. Such characters as Ibsen, Bjornson, Ole Bull, Grieg are her heroes. And we must not forget her latest hero, Amunsen, the recent discoverer of the south pole, who will doubtless have a memorial after he has been dead some years.

Fruits.

These countries are not fruit countries; tho the strawberries (called "groundberries," in the nativ languages) are fine and plentiful in season; and currants and gooseberries flourish. I remember when I was a child in Indiana all families had currant bushes and gooseberry bushes in their gardens. They have now mostly disappeared; I think because a mould came on the berry—but, ah! those gooseberry pies, as I remember them! The plentifulness of currants and gooseberries up here in these countries remind me of my childhood—but I don't get the pies. We see a few apples here in the store windows and in the markets, but they are small and pitiful. Cherries are tolerably good. Bananas and other tropical fruits are shipt here only in small quantities, and are dear and not attractiv. All fruits, even the nativ ones, are dear. I have seen California canned fruits here in the stores; of course, they are higher in price than with us.

General Scandinavian Observations.

I told you, in the Denmark "Talk," that the Danish flag was a white cross on a red ground. Here it is:

Diagram of Danish Flag.

The Norwegian flag is the same, except that the white cross is broader, to permit a narrower blue cross to be superimposed upon it; or you could say that it is a red ground with a blue cross, the blue cross being edged with white:

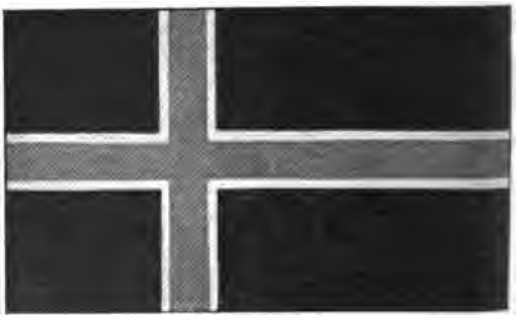

Diagram of Norwegian Flag.

It is surprising what a pretty flag this makes—about the prettiest flag I ever saw. Our own flag we do not consider from the standpoint of beauty, but of sentiment. The Swedish flag is also a cross, but the colors are entirely different; it is a yellow

‡Both were great engineers. John Ericsson was in this country during our Civil War. He invented and constructed the *Monitor*, which defeated the *Merrimac* in Hampton Roads.

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cross on a blue ground, "king's blue"; a beautiful combination of colors—indeed, a pretty flag:†

Diagram of Swedish Flag.

The Church in Scandinavia.

Christianity did not reach the Scandinavian countries until late—about the 11th century. The new religion overcame paganism completely in a century or two; and when the reformation came along three or four centuries later the change from Catholicism to Protestantism became as complete. Of course, the change required a generation or two, but it was not characterized by tortures and other outrages, and the revolution, tho peaceful, was complete. The state church in all three of these countries is Lutheran, and the number of Catholics is surprisingly small. Germany is sometimes called "the most Protestant nation in Europe." This is a great mistake. Denmark, Sweden and Norway are all *very* much more Protestant than is Germany. In fact, the percentage of Catholics in these countries is much less than in our own country, and perhaps less than in any one of our states. I state this not because of any interest one way or the other, but merely as a fact.

Not Cheap.

There used to be a widespread opinion in our country that living and everything else is cheap in Europe. This opinion has given way to some extent to the fact of rising prices in Europe, say for the last 25 years. Now there are only a few things that can be purchast to advantage by American tourists in Europe; as gloves in several countries, particularly France; lace in Belgium; woolens in England; silken fabrics in France; lace curtains in Germany, etc. But when duty is paid on these articles, the "bargain" is doubtful. However, some articles are allowed duty free. The unexpected cold during this trip has compelled us to buy many more necessities for immediate use than we expected, and we have not found things cheap. I can buy shirts, underwear, etc., to greater advantage and with greater satisfaction at home than I can in these northern countries. And living is not cheap, tho it is cheaper and better in central and southern Europe than here. I will be specific. We hoped by now (August 12th) to be traveling in Russia, but we fortunately did not enter that country before the sudden outburst of war, so we are kept kere in Stockholm much longer than we intended. Like most Americans here, we tired of the exciting hotel life and sought a pension for a quieter, more home-like and slightly less expensiv life, where we, as well as many other Americans, are now stopping. *Pension* is a French word (ask a Frenchman to give you the pronunciation) in universal use thruout Europe, and it means *boarding-house.* We have a very nice corner room on the second floor, and we pay about $2.25 each per day, including meals, which consist of breakfast: porridge (oatmeal), bread, butter and coffee—fruit, eggs or meat extra; lunch: two courses and tea; dinner: about three courses and coffee afterward in the parlor. I don't think you would consider this cheap, tho there are cheaper pensions; this one is well kept, and in a very nice part of the city. The things we see markt in the store windows are not cheap, except here and there some special ornaments of local manufacture. The time for low prices, as formerly, in Europe has passed—unless this war shall knock them down again. We have noticed that, as a rule, the further north we go in Europe, the higher is living and merchandise. As to the rate of living, I have not in mind our most exclusiv and expensiv hotels in the largest American cities, at which, you know, the rates scarcely have a limit. Here the rates do not soar so high, except at the most "swell" hotels in Paris or London. This is not a test, for the rich can spend money as fast as they want to almost anywhere. The rates for traveling, particularly by rail, automobile or carriage, are less in Europe than in the United States.

Late and Slow.

Don't expect anything to be done in a hurry in Europe, particularly in the northern countries. They are very deliberate—they do not know what the American pace is. Time counts for little. To-morrow will be another day, so why haste to-day? In spite of this deliberation, business starts late in the morning, and the closing hours are not correspondingly late. If you have inquiries to make at the legation, it will not be open until 11, and it will close at 3 at latest. In the Scandinavian countries, the museums, galleries and other places of interest for tourists have surprisingly short hours. Nothing open before 10, the usual hour for opening being 11 and sometimes 12, and rarely is anything open after 3. In midsummer, when the days are so long in these countries, even these hours are sometimes curtailed, and a second opening is given from 6 to 7 or 8 p. m. So the traveler has to plan carefully to use these restricted hours to good advantage or "get left." One thinks of the long hours and free admission at the Louvre, at Paris, in delightful contrast to limited opportunities given to tourists here.

War Insanity.

Little did we think, when we left America last May, that the War God (or war devil) would break loose in Europe before we returned. When at Kiel, in early June, little did we think that the monsters we saw there would be called into action so soon. It has been my observation that war vessels usually become junk by age, or pass out of date by improvements rapidly being made in new boats. Statistics show that very few of them ever see a fight, and it is well that most of them do pass out of existence without actually doing the destructiv work for which they were intended. I hoped that all the war boats that I saw there would end that way. While we were "doing" the fjords in Norway, the Kaiser was enjoying his

†The different shadings in the cuts are intended to indicate the different colors mentioned.

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usual peaceful summer cruise in Norwegian waters. Our fellow travelers saw his yacht in several places, tho we did not happen to run across it. No one then thought that this conflagration was possible. Some rather serious rumors of war reacht us a few days before we returned from the North Cape to Trondhjem, on July 30th. We stayed there two days, during which time we saw crowds around the newspaper bulletins, which we could not read, but we learnt their import at the hotel. I could not think that war would be actually precipitated. I thought that Foreign Secretary Grey of England would succeed in getting the powers together for a consultation, and that good sense and reason would then dominate.

It took two more days to reach Stockholm. We had planned to go from here to Russia, but, of course, that was then out of the question. The excitement was great, the banks closed, and tourists were excited, not knowing what to do. Many came and went, not knowing why, and not knowing the good old maxim in the practise of medicin, "when in doubt, do nothing." As for myself, I quickly sized up the situation, and concluded as follows: Stockholm is well out of the territory of actual warfare. Sweden is neutral, desires to remain so, and will probably succeed in remaining neutral. We will remain here safely and comfortably, awaiting the sailing of the *Frederick VIII*, Scandinavian-American line (on which we had fortunately reserved passage before leaving home last May), sailing from Copenhagen September 3d, and if the ship cannot safely get in and out of Copenhagen at that time, I knew that she could at least reach Christiania, one of the regular stops anyway for these ships the next day after leaving Copenhagen. I have received word this morning (August 12th) from the Copenhagen office that they expect the steamer to sail from *there* as scheduled, so it is probable that we will go there to sail September 3d, but we can as well go to Christiania and sail on the same boat on September 4th.

The tension and excitement among our fellow Americans here has been considerable, but there has not been the least particle of hardship or danger. They all want to get home as quickly as they can, but I tell them that all could not go at once even in normal times, much less now when many ships have been compelled to stop entirely, notably the German lines, and the large boats on the English and French lines have been withdrawn. I tell them that perhaps the quickest and most certain way to get home is to stay right here in one of these countries and take their turns on the Danish or the Norwegian steamers. But nearly all of them are bent upon going to England and taking their chances there. England must be full of Americans anxious to get home. It has been recently estimated that there are from 150,000 to 300,000 American tourists in Europe. I suppose a majority of these are now in England. I sincerely hope that they will not be disappointed, but my opinion has been, ever since reaching here, that the best thing the comparativly few here could do would be to stay here where they are safe and comfortable, until they can return on the regular boats sailing from the Scandinavian ports, and these boats could get them all home by or before the middle of October.

Dearth of War News.

You people in America are getting much more war news than we are here. We cannot read the papers here, but we get some nativ to read at least the headlines to us. Even if we could read the papers here, they are in no way equal to the English and American papers. We can occasionally get an English paper a week or more old, which we devour. From these scanty sources, I gather that the following was, in brief, the course of events: An anarchist from Servia murdered Prince Ferdinand of Austria and his consort. The murderer was caught and I suppose is in line for punishment. Austria made ten demands on Servia concerning the Servian anti-Austrian societies with which the murderer was said to have been connected. Servia acceded to almost all the demands, and offered to submit the remaining differences to the Hague court. Austria refused and began war on Servia. The Serbs are Slavs; and an attack upon them immediately aroused the Russian bear. The Russians began to mobilize troops on the border, and then the Kaiser prickt up his ears, and made it an occasion for declaring war. War against Russia, of course, involved her ally, France. The Germans were quick to attack, by sea in the Baltic, and by land toward France across Belgium, which had declared for neutrality. Invasion of Belgium put the Belgians on the defensiv, hence the battle of Liege. England desired to remain neutral, and askt the Germans to respect Belgian neutrality, and certain things concerning France, which was answered by guns concerning Belgian neutrality and unsatisfactorily in other ways, upon which England declared war. After Germany's ultimatum to Belgium, it was reported here that Germany issued ultimatums to several other countries, including even Switzerland; but I guess it was not as bad as that. It seemed that Germany had gone war crasy. The situation made me think of Napoleon, just about a century ago, and he "got his," but only after he had done an incalculable amount of harm. I wondered if humanity had learnt nothing in a century.

No question, problem or difference between any two or more of the nations involved has arisen that could not have been decided better by a court than by arms, if there were only a court with the necessary jurisdiction. Humanity has not yet had the wisdom, forethought or power to establish such a court, and put sufficient power back of it to execute its decisions. Will humanity do this necessary thing? And when? It is a century since the Napoleonic wars, and 43 years since the destructiv Franco-Prussian war. Since the latter, humanity has been busy inventing and creating at a rate and with a success never before known in the world's history. Now shall we allow the war demon to destroy all this?

Servia fears the Austrian menace; Germany speaks of the Slav menace; Denmark dreads the German menace; Sweden fears the Russian menace; Holland and Belgium look to England to protect them from Germany—and so it goes. It reminds me of big boys and little boys on a playground. Certain little boys are allowed to exist only by the protection of certain big boys. The big boys strut around and arm themselves in the most dangerous manner—a sure way to bring about trouble. And when the trouble begins, usually by some little accident, it becomes general. The teacher or the town marshal is needed on that playground. We will call him Common Sense. His first duty is to *disarm* the big boys, and not permit them to arm again—it is dangerous. Without arms they will not strut, and they will respect the rights of others.

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If fools must fight, let them do it in a way that will seriously injure or perhaps kill both fools, but involve no one else. With this thought I have lookt long and intently at a remarkable group of statuary here. It shows the old Scandinavian way of settling disputes, by the disputants being bound together at the waist and fighting it out with short knives. The group is called "The Belt-Duelists." Of course, such a contest never settled a dispute, it only "settles" the disputants, usually both, but even if one should live it only proves which one was the stronger or the more skilful—an issue not in the dispute. The only way to settle a dispute is by the intelligence and justice of a disinterested judge or court. I recommend the "belt" plan of

Ancient manner of settling individual disputes in Scandinavia. The nations of the world, in their relations to one another, are still in this barbaric and savage state of development.

"settling" war lords, and a court or other legally constituted body to settle issues that inevitably rise between nations as between individuals. We do not allow the "belt" plan any more between individuals, because it would be destructiv, brutalizing to the community, and not intelligent, because it does not settle the question at issue. We compel individuals to submit their grievances to a court, and to abide by the decision of the court. Civilization has developt that plan because it is the intelligent plan. Civilization, if it is to go on, *must* develop some similar plan to govern nations. Lesser communities have no such trouble. What has Hamburg against Berlin? Each goes about its business and they do not arm against each other. What has Minneapolis against St. Paul? They have been running a race for years, and joking and jollying each other, and the race is quite sure to end in an amicable, firm unity. What would be thought of fortifications between them, sentries, and a struggle as to which could get the largest cannon to use on some fateful day? Silly nonsense, fit only for an insane asylum.

In our country we have Germans, Russians, Italians, Norwegians, etc., in great numbers. They have no grievances against one another as such. They all go about their business and each does the best he can for himself, and he is glad of the chance. They diffuse themselves thruout the country according to the wish or interests of each, which is proper. Even with Europe an armed camp, it is said that at the beginning of this war there were 300,000 Germans in and about Paris. We have read in the papers distressing accounts of Russian residents being driven out of Germany, and German shopkeepers, etc., being driven out of Russia. It is natural for people to diffuse according to individual tastes or interests, as they do in America, and as they would do in Europe much more than they now do if it were not for war and the fear of war. In our United States the people divide into parties upon beliefs and issues, not in regard to localities. When a man in a certain state is a candidate for president, some of the residents of his state will vote for him on account of "state pride," but many more in that state will vote against him on account of conviction. So it might be in Europe under a federation of nations.

An International Constitution.

In America, the cities and towns all over the country are rapidly revising their charters or making new ones. The states will soon begin the same process with their constitutions. I have taken a deep interest in this movement. I believe that constitution making is the most important study that humanity can devote itself to at the present time, and I have found such studies very interesting. One of my purposes in getting away this summer was to get away from the details of the office in order to devote myself to these studies while on the ocean and at intervals of travel. I brought with me Dodd's "Modern Constitutions," two large volumes, and "Elliott's Debates," in five volumes, giving the debates in the convention that formed our national constitution, and in the state conventions held to discuss and vote on the national constitution. So when this war began I could not prevent my mind from dwelling on the importance of an international constitution to prevent war. In the light of the above-mentioned studies, I could not help writing what occurred to me in the way of a proposed international constitution. The importance of this subject would justify putting this constitution in letters ten feet high; but the probability of its serious consideration may be indicated by microscopic type. I will instruct Dr. Rommel to have it printed in our smallest type.

PROPOSED CONSTITUTION FOR AN INTERNATIONAL GOVERNMENT.

Preamble.

In order to prevent war, abolish national armaments (except limited police provisions to preserve internal peace, law and order), diminish national prejudices, and to promote peace, prosperity, happiness and the general welfare, we, the people of the

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nations which shall agree to this compact, as signified by affirmativ popular vote after thoro discussion and authoritativ submission, do ordain and establish this inviolable instrument, and proclaim it as a sign and evidence of a higher civilization than any that the human race has heretofore attained.

Article I.

All local governmental authority shall remain as at present constituted or as may hereafter be legally constituted within the constituent nations, except as necessarily modified by this constitution.

Article II.

All general governmental authority shall be given, and is hereby given, to two bodies, a Senate and a Representat, composed as provided herein, which shall constitute the International Government. But the constituent nations and the people therein reserve the right of initiativ, referendum and recall, as shall be provided.

Article III.

1. The Senate shall consist of three members from each constituent nation, and an additional member for each 50,000,000 population and (or) major fraction thereof in any constituent nation, not including colonial possessions.

2. The international senators shall be chosen by the legislativ authority of each constituent nation, in joint session if such authority be lodged in two bodies.

3. The regular length of term for international senators shall be seven years; but succession shall be so arranged that a change of not more than one-third of the body shall be made in any one calendar year.

4. The compensation of international senators shall be fifteen thousand dollars per year, with ten cents per mile for the necessary traveling distance from the home of each senator to the place of meeting and return, once per year.

Article IV.

1. The Representat shall consist of a representativ for each 5,000,000 population and major fraction thereof in each constituent nation, not including colonial possessions, popularly elected by the regular voters in each constituent nation, according to regulations to be establisht by the popular representativ body or "lower house" in each constituent nation. But each constituent nation shall have at least one such representativ.

2. The regular length of term for representativs shall be three years; and the term of not more than one-half of the membership of this body shall expire in one calendar year.

3. The compensation of representativs shall be ten thousand dollars per year, with the same mileage as that allowed for senators.

Article V.

1. The Senate shall be in constant session except for one permissible recess in any calender year not to exceed thirty consecutive days, counting Sundays. During such recess a committee of at least three members shall remain on duty, with such discretionary power as may be granted by the Senate. Longer or additional vacations may be granted to individual members by majority vote of the Senate, but not more than one-fourth of the body may be absent from duty at any time except during a recess.

2. The Representat shall have annual sessions, and it shall determin the time of convening and length of sessions; but extraordinary sessions of the Representat may be called by a two-thirds vote of the Senate.

Article VI.

1. The Senate and Representat shall each select its president and other officers, and shall determin the duties, powers and compensation of the same. The president of each body shall be a member, but the other officers need not be members. Each body shall determin its own rules.

2. The credentials of membership of each body shall be determined by a court to be designated or establisht by both bodies in joint session. But until such court is designated or establisht, each body may judge the credentials of its own members.

Article VII.

Senators and Representativs shall be subject to recall at any time after six months' incumbency in office by the constituencies represented, respectivly. The process of recall may be establisht by the different constituencies represented; but if not so establisht within three years after the establishment of this constitution, the Senate shall establish a process of recall for senators, and the Representat for representativs, to be applied in constituencies in which no process of recall has been establisht, until said constituencies shall establish a process of recall.

Article VIII.

1. Powers of the International Government: The Government hereby establisht shall acquire, possess and have full authority over all military and naval establishments in the signatory nations. This shall mean all ships of war, fortifications of all kinds, artillery for land and sea, arms of all kinds for both cavalry and infantry, ammunition and military stores of all kinds, and all military apparatus for navigating the air. Police provisions for the maintenance of internal peace and order shall be permitted to the constituent nations; but the total strength of the same may be limited by the International Government. Militia may be permitted to the constituent nations, but its regulation and control must primarily reside in the International Government.

2. A standing army and navy shall be maintained by this Government, sufficient to maintain peace among the constituent nations and to protect any and all the constituent nations from outside aggression.

3. All international relations of a political nature among the signatory nations shall be under the entire control of this Government, which shall, in its discretion, deal with them directly, or establish a court for this purpose.

4. Declaration of war against, or the conclusion of peace with, any power foreign to this International Government shall be the exclusiv province of this Government as herein constituted.

5. This Government shall be supported by revenue raised by its own authority from individuals or private corporations, and not by assessment of the constituent nations. Taxes may be laid in any manner that the wisdom of the Government may devise, but the method or methods adopted shall be applied uniformly in all the nations constituting the International Government.

6. Commerce may be regulated among the constituent nations of this Government, and between this Government as a whole, or any one or more of its constituent nations, and any one or more nations foreign to this Government, by this Government as herein constituted.

7. An international coinage system may be proposed by this Government to its constituent nations, and it may put the same into operation among those constituent nations assenting to the plan.

8. Each constituent nation shall have full control of education and language within its boundaries; but the Government may make regulations as to the language or languages to be used orally among its individual members. All public documents must be publisht in the legal language of each constituent nation for use in each nation.

9. All treaties, either between constituent nations, or between a constituent nation and a nation foreign to this Government, may be revised by the Senate.

Article IX.

1. The Government shall make international laws for the purposes set forth in this instrument.

2. The business of the Senate and Representat shall be co-ordinated by a co-ordinating committee consist-

(Continued over next leaf.)

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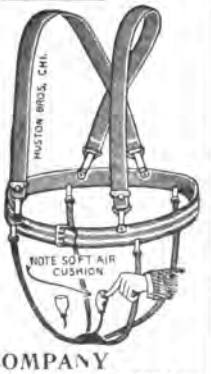

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Antinarcotic Legislation.

At the present writing, it is probable that the conference committee will not be able to agree concerning the Harrison Bill before adjournment, and hence that the antinarcotic legislation by Congress will go over until next session. Then the matter can be taken up just where it is left off; but if it should not be completely accomplisht before the expiration of this *Congress* (March 4, 1915), it will have to be begun all over again in the next Congress. We will hope that the conferees will get together and agree without any radical changes to the present bill, and have the matter settled by this Congress.

The Senate conferees are better posted on this bill than the House conferees. Hence, the latter are, or were some time ago, disposed to fall back on the Harrison bill as originally passed by the House. This course will involve no serious mistake, and they are afraid of committing an error if they go adrift. This course will suit us, as we have frequently urged the Senate to pass the bill as received from the House, without change.

In the meantime, let us turn our attention to state legislation. "Our friends the enemy" (the druggists) have already been doing this, and we must do so too, not only for the public service, but also for self-protection from the legislation which the druggists are pushing and will push inimical to the doctors. We propose to have ready for an early WORLD a proposal for a uniform state antinarcotic law which will be fair and just to both druggists and doctors, but primarily, of course, in the interest of the general public. We wish to know what physicians will co-operate in introducing and pushing this legislation. Can we get a staff of volunteers in every state? If so, we can operate effectivly from this office, strengthening the hands of all the staffs. We can keep every staff constantly posted as to progress in every other state, and report in full to the entire profession in the WORLD every month.

The legislature of nearly every state will meet this winter; so this is the time to act, and act promptly and earnestly. Immediately after the November elections please report to us the name and address of every physician elected to any legislature. Ditto druggists. In December WORLD we will give a list of all the states whose legislatures will meet this winter, and the date of convening. Also the proposed uniform antinarcotic state law in Dec. or Jan. WORLD.

Later: At the last moment word comes that the conference committee has reported, that the Senate has adopted the conference report, and that the House will probably do so very soon—perhaps before these lines reach our readers. If this legislation should be thus happily completed, we will present the new law with comments in next WORLD.

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The Beneficial Effects of Sunshine and Other Forms of Radiant Light.

Heliotherapy is an agent for good that is not made use of sufficiently. Some physicians have found it very valuable and the results of their work are now being disseminated. In a recent publication Dr. Guy Hinsdale[1] gives a very interesting account of heliotherapy along with various climatic means of treatment of tuberculosis. He refers to the sanatorium of Dr. A. Rollier at Leysin, Switzerland, located at an altitude of 4,500 feet, where the Doctor employs heliotherapy and pneumotherapy.

The sun's rays, and with it the fresh air, are used especially to restore tuberculous patients to health. At that altitude oxygen is scarcer in the atmosphere than at lower levels—the atmosphere is rarefied—and the sun's rays are more plentiful and more penetrating.

The patients are subjected to direct sunshine upon their naked skin thruout the year and only beneficial results accrue. Of course, it would not do to thrust a new patient undrest bodily into the cold altho the sun were shining. However, this might not result in harm since the temperature on the porch at Dr. Rollier's sanatorium in winter, when snow lies on the ground, is often as high as 95° to 120° F.

Besides, Dr. Rollier acclimatizes the patients indoors for a week or ten days and then begins by a five-minute exposure of the feet five times a day. This is steadily increast as pigmentation appears until finally the entire surface of the body is exposed from sunrise to sunset. During this treatment the head is protected with a white cap and the eyes with shaded glasses. With the development of pigmentation the cure progresses until recovery is complete. One case, a boy who had thirty-two foci of tuberculosis, was cured by fifteen months of such treatment. Numerous such instances might be adduced from the Doctor's records.

According to Dr. Rollier, the pigmentation is the important element of the cure, since it affords the skin a remarkable resistance, favors the cicatrization of wounds and confers a local immunity to microbic infections. On days when the sun does not shine radiotherapy is used for adults and the Bier hyperemia method for children. But whether the sun shines or not, all patients have the light and air bath. Dr. Rollier reports 1,129 patients treated and 951 cured.

Heliotherapy must be undertaken gradually and requires considerable care. No material benefit appears to accrue until the pigmentation has been establisht. In some patients pigmentation does not occur. Patients of a pronounced cachectic type do not pigment. In these there is generally evidence of markt tuberculous toxemia. Red-haired persons frequently present great difficulties in treatment. In these the skin reddens and blisters unless great care be taken. Freckles are profuse, but the desired tanning is difficult to obtain. When pigmentation occurs, markt improvement is noticed. In tuberculous arthritis improvement is most noticeable where sepsis is a complication. Sinuses, which may resist all other methods of treatment, sometimes dry up remarkably rapidly, leaving supple, non-keloidal scars.

Where the bones are the subject of tuberculosis to a sufficient extent, fixation by plaster-of-Paris is used. Openings are cut in the plaster cast after it has hardened, and the sunlight is permitted to reach the skin thru these.

Children become so accustomed to nakedness in the cold air that they play in the snow attired only in white cotton hats, white loin cloths smaller than swimming tights and shoes. Those which were once afflicted with tuberculous coxalgia, arthritis, peritonitis and adenitis are cured of all these and develop surprising musculatures. Both boys and girls are treated alike. We have for several years used direct sunlight to heal slight wounds, which it does quickly.

The results of this treatment show that human beings can be inured to very low temperatures with great benefit, and that a great part of our disease is due to too much indoor life, overheated buildings, too much clothing and lack of outdoor exercise. The nearer human beings approach to the natural mode of life, the healthier they will be.

Somewhat akin to this treatment is that advocated by Dr. Brasfield in September, 1911, WORLD, pages 374 and 375, wherein he recommends concentrated sunshine as a cautery for warts, moles and other growths, and reports its successful use for such conditions.

Identical effects to those derived from sunlight can be secured by means of high-powered electric lights. The ultraviolet rays

[1] "Atmospheric Air in Relation to Tuberculosis," by Guy Hinsdale, A.M., M.D., Hot Springs, Va. Smithsonian Miscellaneous Collections, Vol. 63, No. 1. Publication 2,254. Publisht by the Smithsonian Institution, Washington, D. C., 1914.

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are germicidal, but will not pass thru glass. Therefore those emanating from the sun will not destroy germs in a room unless the windows are open.

Radiant light, when applied in any infection before pus forms, will very probably prevent pus formation by producing hyperemia and leucocytosis. A fifty-candle-power lamp, applied for one-half to one hour, is very satisfactory, once or twice daily.

The incandescent light has been used satisfactorily in erysipelas, acute rhinitis, laryngitis, sore throat, phlebitis, varicose ulcers, mastitis, abscesses, intestinal infections, infantil marasmus, constipation, gout, rheumatism, parenchymatous nephritis, various forms of tuberculosis, arthritis, postoperativ shock, pneumonia, and typhoid fever, either as a curativ measure or as an adjunct to the usual medical treatment.

Pluriglandular Opotherapy.

It is ten or more years since Sajous first promulgated the theory of a "glandular system" within the body, in which the ductless glands were thought to be component parts of a related system of organs that supplied the body with internal secretions. After a great deal of experimentation by physicians thruout the world it is becoming more and more evident that such is the case. Numerous maladies have in the past yielded to treatment by one or the other of the internal secretions derived from the ductless glands of the lower animals. Now progress is being made in treating diseases with combinations of the glands.

If, as has been asserted, these organs are interdependent, then an affection of one is an affection of all. The main thing in this instance is to determin which gland is at fault. At the present time one of the best means of determining this is the therapeutic test, good results being obtained when the proper internal secretion is being administered.

In addition, more than one gland may be affected, and thus several internal secretions must be administered. In asthenic, or run-down conditions, such as neurasthenia, presenility, postfebril states, convalescence, etc., the combined secretions have been found beneficial.

The thyroid, pituitary, ovary and testis are among the principal organs whose secretions are available and of known therapeutic value. Hence, these are the ones which are combined for administration. Their influence upon the muscular and vasomotor tone, oxidation and on the vital functions generally is noticeably good. Harrower,[1] in a recent work, takes up this subject very extensivly.

Dr. F. R. Starkey, of Philadelphia,[2] has used pluriglandular extracts very successfully, using a combination of thyroid, parathyroid, pituitary, ovary and testis and reported many encouraging results. It was given in acute asthenic conditions with low blood pressure and suboxidation. It stimulated the vital processes and tided patients over the most critical stages of disease, and increast what Sajous calls the autoprotectiv resources of the body. It was found also to increase the action, and thus the curativ power, of other drugs, such as arsenic, mercury, iodids and salicylates. Sexual vigor was augmented by this combination of internal secretions. It was reported successful in tabes dorsalis.

In certain nervous disorders other investigators have found somewhat similar combinations equally useful. Delille and Vincent[3] employed a combination of total extracts of the pituitary and ovary in bulbospinal myasthenia. The paresis disappeared and the patients were able to walk.

Dupuy[4] made an extended study of the treatment of backward and defectiv children, using a polyglandular combination, and summarizes his result as follows: (1) A rapid increase in stature, which had been slow to show itself with thyroid treatment, and a reduction in the rapid growth in those which seemed to be suffering with giantism; (2) a less markt reduction in emaciation than with thyroid treatment alone, and a more decided tendency to regain the initial weight than when thyroid alone had been allowed; (3) an extraordinarily rapid modification of the urinary elimination, clearly indicating that metabolism is re-establisht on a more nearly normal basis and that assimilation has become regular; (4) a beneficial effect on the disorders due to morbid phenomena as well as on those lesions of a sympathetic character which are found in the backward (and which thyroid treatment often does not influence), including troubles in vision, incontinence, visceral ptoses, umbilical hernia, etc.; (5) a general physical metamorphosis and a re-establishment of the sexual functions (menstrua-

[1] "Practical Hormone Therapy," by Henry R. Harrower, M.D.

[2] "The Combined Use of Thyro-Parathyroid, Pituitary, Ovarian and Testicular Extracts," *New York Med. Jour.*, 1912, p. 1257, xcv.

[3] *Presse Médicale*, Paris, 1907, xv, p. 102.

[4] *Journal de Médecine de Paris*, 1912, xxiv, p. 87.

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tion, ovulation, etc.); (6) a psychic and sensory metamorphosis and a reduction of asthenia and excitability, as well as a noticeable progress in the intellectual capacity, thus allowing these unfortunates to take their proper place in society.

Harrower used a combination of thyroid, pituitary, corpus luteum and testis with success in the various maladies before mentioned. These combinations, however, must not be used in patients with high blood pressure, since the pituitary substance in the remedy is a blood pressure raising constituent. Many more diseases will be found to respond favorably to this treatment when the profession in general begins to make use of it. The fact that locomotor ataxia is benefited or cured by these combinations is enuf to make them of immediate service to a great many physicians. We would be glad to hear from our readers who may have used them in these diseases.

Advances in Medical Electricity.

That the western world is forging ahead in original practical treatment methods as well as in important medical research investigation was again shown at the recent annual session of the American Electrotherapeutic Association. It should be more generally realized that certain features of this relativly young field of medical science have been largely developt west of the Atlantic. This national body met at Battle Creek, Mich., September 15th to 17th, with an attendance of specialists from all parts of the country. Among the notable contributions in the fully forty papers presented was the array of clinical cases detailed by Dr. W. B. Snow, of New York, proving that by certain electrical currents spastic and other organic spinal cord diseases are curable. A series of convincing lantern views where shown by Dr. D. H. Yates, of Madison, Fla., as to correct diagnosis and electrical curability of pellagra. The striking relief of genuin gout was demonstrated thru newer high-frequency currents by Dr. Frederick de Kraft, of New York. Dr. J. H. Kellogg, of the Battle Creek Sanitarium, showed the unmistakably favorable influence of passiv generalized muscular exercise (the sinusoidal slowly interrupted current, with many electrodes, being employed) on metabolism. Not least in originality and value was the annual report of the committee on apparatus; it is the aim of these experts to establish such standards as shall hereafter govern all makers of medical electrical machinery, and so remove needless difficulties before the practising physician who aims to use these important new measures to relieve disability. A. B. H.

BRIEF BUSINESS TALK.

On account of foreign affairs continuing to press on our columns this month, I will make this Business Talk brief, and next month I will resume giving this important feature the attention it deserves.

What I particularly want to say to doctors now, on account of the awful and devastating war abroad, is this: Realize that no great war can now occur without affecting injuriously the entire civilized world. For this reason we may say that in a way we have war conditions in this country as well as abroad. And the thing to do in time of war or any other great disturbance is to *conserv.* Husband your resources as tho the enemy were coming—and he is coming, tho not with musket and bayonet. Our trouble will be financial. The foreign market for our products, notably cotton, is now practically cut off. The foreign demand for these things will be very great after the war, but during the war we will have to carry products that in normal times would have been marketed long ago.

During this time there will be a pinch. It will be felt directly or indirectly in a majority of the homes of this country. It is already being felt in many homes, particularly among the wealthy and among wage earners who are laid off or working on reduced time or wages. Consequently, some doctors' homes already feel it, and ultimately, perhaps, all doctors' homes will feel it. Income will be decreast while living expenses will increase. This is a bad combination.

So I say to doctors, begin now to collect all outstanding bills that you possibly can; curtail expenses, pay all outstanding debts, contract no more debts at all, pay cash for all purchases and encourage cash payments to you, and build up your bank account as you would build a fortification against a coming enemy.

Make no investments at all, of any kind, at the present time. The best time for investing has not come yet. Get all the money you can, and put it in the safest place pos-

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sible—usually that is the bank. Make yourself strong against coming stress, and also prepare yourself for coming opportunities.

This is the present word in brief. A fuller consideration of doctors' business interests will be given next month.

THE MEDICAL MONTH.

A memorial tablet for Dr. Francis Julius Lemoyne, founder of cremation in America, was unveiled at his alma mater, Washington and Jefferson College, Washington, Pa., at the commencement, June 24th.

The American Association for Physicians' Study Travels, having abandoned its tour for this year, due notice of next year's trip will be given in THE WORLD in ample time for doctors to arrange to join.

The radical cure of a cretin by grafting the thyroid gland of a monkey, was described at the Academy of Medicin at Paris, July 1st, by Dr. Voronoff.

That grand old man of medicin, New York's deceast surgeon, Dr. Joseph D. Bryant, showed equal greatness in his bequests to the American Medical Association, to oppose antivivisectionists in New York State and to many hospitals of his home city.

A meeting of prominent Japanese was held under the presidency of Premier Okuma to organize a Japanese council for the extension of St. Luke's American Episcopal Hospital, Tokio, into a modern international hospital. An American council has already been formed.

Dr. David Starr Jordan, who has made a study of the economic waste of war, calculates that under the conditions of modern warfare it "costs on an average about $15,000 to kill a man. In the Boer War the expense ran up to nearly $40,000." Why not save the man, and give him the $40,000?

Dr. L. Duncan Bulkley will deliver a course of lectures on Wednesday afternoons at the New York Skin and Cancer Hospital, at 4.15 o'clock, on the "Medical Aspects of Cancer": Nov. 4, nature of cancer; Nov. 11, frequency and geographic distribution of cancer; Nov. 18, metabolism of cancer; Nov. 25, relation of diet to cancer; Dec. 2, medical treatment of cancer; Dec. 9, clinical considerations and conclusions. Each lecture will be preceded by a half-hour clinical demonstration of dermatologic cases. The lectures will be free to the medical profession on the presentation of their professional cards.

Dr. A. M. Cook died at Long Beach, Cal., August 15, 1914. He had been a constant reader and occasional contributor to THE WORLD for a great many years. He was born in Jamestown, N. Y., September 15, 1854, graduated at Buffalo in 1882 and from Bellevue in 1883. In the latter year he settled in New Castle, Pa., where he practised for 25 years, when, his health failing, he went to California.

A welcome sign of the times is the starting of hospitals in new sections, to be for use of all legal practicians, under direction of the local county medical society. Had this been done a generation ago, the much complained of hospital charity abuse would have probably been avoided. Charleston, S. C., is the newest comer in this field.

The corner-stone of the John Hubner Psychiatric Hospital, which Maryland is erecting for the care and treatment of acute cases of insanity, was laid June 25th.

The new Brady Urologic Building of the group making up Johns Hopkins Hospital will be dedicated October 7th, when the institution's quarter-centennial will be celebrated.

On June 6th, physicians from twenty counties met with the Cherry County Medical Society at Wood Lake and organized the Northwestern Nebraska Medical Society.

The antivaccinationists are about to lose their strongest argument, according to correspondence of the Philadelphia *Ledger* from Berlin, June 25th. Their most telling objection against vaccination has long been that it was impossible to get absolutely pure vaccine matter; notwithstanding the greatest precautions, like the use of calves kept under specially sanitary conditions, the lymph obtained would not infrequently contain deleterious germs. According to the *Deutsche Medizinische Wochenschrift*, however, a way has at last been found for sterilizing lymph so thoroly that its purity can always be relied upon. Prof. E. Friedberger and Dr. E. Mironescu have availed themselves of the well-known principle that the ultraviolet rays of light are destructiv of bacterial life. The virus is put into small tubes of quartz glass, which are then exposed to the ultraviolet rays from an electric lamp. In 20 or 30 minutes there is not a live germ left in them.

Under the new "full time" plan of the General Education Board, professors in medical schools with their assistants hold their posts on the condition that they become salaried university officials, and that they accept personally no fees whatever for any medical or surgical services which they might render. The hospital wards and out-patient departments are to be under the control of the university medical or surgical teachers, but over and above their work in the public wards the teachers are to be free to render any service required in the interest of humanity and science. They are to be free to see any patient they desire to see.

The plague outbreak at New Orleans should warn all American coast towns, in view of growing trade with tropical ports, to promptly "clean house."

It has been finally decided that the Iowa State Epileptic Colony will be establisht on a 1,000-acre tract of land near Woodward. The cottage construction plan is to be used.

Announcement was made at Washington, July 11th, that the campaign for the relief and control of hookworm, which has been so successful in Porto Rico under the local government and in the Southern States by the joint activity of the Rockefeller Sanitary Commission and the State and local Boards of Health, is now being extended to the tropical and semitropical possessions of the British empire and to Panama and Costa Rica in Central America.

Under the new "full-time professors" plan the only new man who will be brought to Johns Hop-

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kins University by reason of the reorganization is Dr. Theodore C. Janeway, who this fall will come from the chair of professor of medicin at Columbia University to succeed Dr. Lewellys F. Barker. The professors of the other two departments, Dr. William S. Halsted, surgery, and Dr. John Howland, pediatrics, consented to accept the conditions. Doctor Halsted has been surgeon-in-chief and professor of surgery at Johns Hopkins since the establishment of the hospital. Dr. Howland was called to his present position a year or so ago from the professorship of pediatrics at Washington University, St. Louis. Dr. Frank Goodnow, recently elected president of the university, who for some time has been in China as the adviser to the president of the Chinese republic, sailed for America August 13th. He will be one of the principal figures at the celebration to be held by the Johns Hopkins Medical School and Hospital in October.

The newly completed Cook County Psychopathic Hospital, which replaces the old Detention Hospital, was opened June 26th. The new institution has accommodations for three hundred patients, and was erected at a cost of $470,000.

The Association of German Physicians at Prague has introduced for its members, during the summer months, a half holiday on all Sundays and legal holidays, under a system whereby there are designated, in rotation for each such half holiday, members of the association to respond to sick calls from patients of any member.

Patients of the usual private patient type will pay a reasonable fee to the University, rather than to the professors personally, under the new "full-time" professors plan of the General Education Board in medical schools. The time and the energy of the professors are to be fully protected, not only because their salary eliminates financial interest on their part, but because they are themselves to become sole judges as to whether or not particular cases shall or shall not command their personal attention.

Preliminary announcement is made of the discovery of the *amœba gingivalis*, the main factor in pyorrhea alveolaris, in diseased mouths, by two Philadelphia savants, Prof. A. H. Smith and Dr. M. T. Barrett, of the University of Pennsylvania.

Results of an investigation of the mountain districts of North and South Carolina to determin how prevalent trachoma is were made public by the Public Health Service. It is shown that the disease exists in isolated localities. Conditions were found to be better than in the mountain sections of Kentucky, West Virginia and Virginia, where the disease also exists. The survey disclosed that the colored race is singularly free from the disease. Foreign immigrants also are free from it.

There have just been presented to the College of Physicians, of Philadelphia, two relics of the late Dr. Philip Syng Physic, son of Dr. Philip Physic, keeper of the Great Seal under William Penn. These relics consist of the steel plate of Dr. Physic's visiting card and data concerning an unknown portrait in the College collection of paintings of notable teachers of colonial days in Philadelphia.

With the formal transfer of $1,500,000 in securities by the General Education Board, to Johns Hopkins University, the fund being given by the Rockefeller Foundation to establish the full-time professorships in the Hopkins Medical School, the new *regime* at that institution went into effect July 6th. The Johns Hopkins is the first American institution of its kind to be placed on a full-time basis in all departments. The entire income from the fund shall be utilized for the support of full-time teaching and research in the departments of medicin, surgery and pediatrics.

The "full time" scheme of the General Education Board (Rockefeller Foundation) is a plan to insure to hospital work and medical teaching the undivided energy of eminent scientists whose efforts might otherwise be distracted by the conflicting demands of private practise and clinical teaching. The full-time scheme is an appeal to the scientific interest and devotion of the clinician, and it is significant that the first three full-time posts created at Johns Hopkins University have been filled by men of conspicuous professional standing, all of whom have made great sacrifices in order that they might enjoy ideal conditions for clinical teaching and investigation.

In planning to become the nominal medical center of the land, Chicago physicians thru their county medical society are resorting to the dubious experiment of duplicating existing national specialist societies of which there are already too many for real scientific advance. The third annual meeting of the Alienists and Neurologists of the U. S. A., held in the Windy City in July last, had barely 100 in attendance. Those who wish a copy of the "proceedings" may send $2 to the *Illinois Medical Journal*, 3338 Ogden Ave., Chicago, Illinois.

By the will of Liberty E. Holden a bequest of $1,000,000 goes to Western Reserve University at Cleveland, Ohio.

Excessiv waste of human life in the U. S. A., 600,000 per annum, is to be a leading theme at the world's insurance congress, Panama-Pacific Exposition, San Francisco, Cal., next year.

The total revenue from the patent-"medicin" tax (paid by dealers in Japan on the amount of sales) for 1912 amounted to $116,900 gold, a decrease of $5000 from the preceding year. As the value of the stamp represents 10% of the market price of the "medicins," the total value of patent "medicins" consumed in 1912 was $11,196,800.

Major General Wood, the onetime physician, but later commander of the nation's land forces, was the guest of the Medical Club of Philadelphia October 16th, some 500 attending the dinner and reception.

The American Women's Hospital in London, fully equipt thru the efforts of American women in London, is housing a large number of wounded soldiers.

American specialists who usually attend the Society of German Neurologists learn that the meeting for this year has been omitted.

Professor Roentgen has given back the gold medal presented him by the Royal Society in honor of his discovery, the reason assigned being the attitude of England in this war.

The International Medical Congress planned to be held in Munich in 1917 will not assemble, it appears. The bitterness caused by the present war will not have sufficiently vanisht at that date.

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Business and finance are so demoralized in South America by the war in Europe that the international Pan-American congress of university students was not held as announced at Santiago, in September.

By systematic planning, stay-at-home physicians in the German empire look after the practises of those who volunteered for army medical service, and keep exact accounts so as to turn over cash receipts to the latter on returning to resume old duties or to their families in case of death. This way is a model for the profession in all lands.

The bulk of the estate of Jacob Langeloth, of New York City, estimated at more than $10,000,000, has been bequeathed as a foundation for a home, to be known as the Valeria Recreativ and Convalescent Home. The institution is designed as a home for people of refinement and education who cannot afford to pay the charges exacted at health resorts. It is to be nonsectarian.

The organized medical profession of Germany is behind the endowed movement for drug-nostrum suppression thruout that empire and its colonies.

General antityphoid vaccination of Great Britain's large armies is now under way.

At the recent assembly of the Louisiana State Legislature a very complete medical practise act was passed. One of the features embodied in the act is a physician for examination in the following branches: "Anatomy, physiology, chemistry, obstetrics, gynecology, physical diagnosis, surgery, pathology, materia medica, theory and practise of medicin and hygiene, providing that any person not using internal medication in his or her practise shall be exempt in examination in materia medica." In a concluding section there is a provision: "That nothing in this act shall be construed as applying to the practise of osteopathy or dentistry, or as affecting or changing existing laws on these subjects."

The exportation of medical supplies from Germany is legally forbidden while the war lasts.

The State Board of Health of Iowa recently issued an edition of 42,000 copies of a bulletin regarding smallpox, and during the first week after the issue 37,000 copies were askt for.

Friends of the great "organizer" of the American medical profession, Dr. Joseph N. McCormack, of Bowling Green, Ky., and they are innumerable, will be glad to learn of his speedy convalescence from an operation at Rochester, Minn.

In future every restaurant in Toledo, O., will be graded by the city board of health. Cleanliness, absence of odors, personal hygiene of employees and equipment of kitchen will be taken into consideration. Each restaurant will be given a card with its grade, "A," "B," "C," marked thereon. Those below "C" will be barred.

Sodium salts, instead of the vanishing potassium salts, are advised for prescribing by physicians everywhere.

America's National Red Cross steamer *Red Cross* is activly at work distributing its first quota of American volunteer physicians and nurses among hospitals of the European belligerants.

French medical officers who were captured by the Germans at Namur and are on their way back to France by way of England, are said to have reported that they saw no evidence of soldiers having been wounded by dum-dum bullets on either side. The medical service of the Germans and allies was said to be excellent, but it was noted that the German wounded were often discharged too early from the hospitals.

Stopping the sale of vodka in Russia, of absinthe in France, of alcoholics at railway stations in Germany and an appeal to the honor of British recruits to abstain from such drinking, all at the outbreak of the present war, are said to be significant epoch-marking changes of the times.

Surgeons available for Red Cross work and who have indicated their willingness for duty have been advised by the relief board to hold themselves in readiness for a call to duty at any time. A similar notice has been sent to the 5,000 Red Cross nurses registered in the United States.

So as to be independent of foreign chemical concerns, large drug works in Philadelphia and other American cities plan the making of coal tar synthetics. It is about time.

The American Hospital which is housed in the Lycée Pasteur at Neuilly, France, received its first lot of wounded, September 5th. An appeal has been made by prominent women of New York for $250,000 for the hospital so that it may be able to provide 1,000 beds for wounded soldiers.

Russia has a physician and nurse corps to deal with Asiatic cholera wherever present.

Philadelphia's General Hospital, with its 3,400 beds, known to generations of medical students as "Blockley," is about to be modernized for teaching and treatment purposes. An initial sum of one million dollars will be expended.

Surgeon-General Sir Anthony Dickson Home, V.C., K.C.B., probably the most distinguisht officer on the retired list of the Royal Army Medical Corps, died in London, August 9th, aged 87.

Drs. Walker and Barker, of the Bureau of Science at Manila, have just found the *Myzomia febrifera* variety of mosquito to be the peculiar carrier of the Philippine malarial diseases.

Two Washington physicians, Dr. Franz A. R. Jung and his wife, Dr. Sofie Nordhoff Jung, have establisht an American Red Cross Hospital in Munich, with a capacity of sixty beds.

A Franco-American committee has been formed to assist in protecting from the horrors of war the children and young girls in the zone of operations.

The Virginia State Board of Health announces the opening of a register in its offices for the listing of physicians who wish to move and for the convenience of localities which stand in need of doctors. Free access will be given this register by all inquirers and efforts will be made to prepare a complete list of those sections where the needs of the public demand more physicians.

Eminent dental specialists in Philadelphia state that the teeth of from 80% to 98% of North American children are defectiv.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Colds: Pathology and Treatment.

EDITOR MEDICAL WORLD:—In order to intelligently treat cold and conditions arising therefrom, it is very essential to understand the pathology of the same. In this climate the most common cause of disease and death is catching cold. I do not believe, however, that this fact is duly appreciated. One reason for this is that a cold is generally regarded as a slight ailment and therefore not deserving of serious consideration. Another reason is that the mechanism of catching cold has been regarded as rather obscure. In order to understand the mechanism of catching cold it is necessary to consider the vasomotor nerves which control the arterial system. The integrity of any organ or tissue depends upon the arterial circulation of blood thru the same. As there is close association between the vasomotor nerves of the skin and those of the internal organs, we can readily appreciate why external applications can produce markt impressions upon parts underneath. Hence, we see why the application of a poultice may relieve pain and how the application of a blister may, by stimulating the circulation, be beneficial in congestiv conditions of the internal organs. The external application of cold may arrest hemorrhage of an internal organ. This is brought about thru the reflex vasomotor apparatus. Another fact of importance in this connection is that an internal inflammation causes a hyperesthesia of the skin over the inflamed organ. Hence, undue exposure of the chest of a patient suffering with pericarditis or pleurisy may result disastrously for the patient. In view of this reflex mechanism affecting the arterial blood supply to the internal organs we can readily understand why wet feet may produce a bronchitis or pneumonia. There is an intimate relation between the vasomotor nerve supply of the feet and that of the pharynx and larynx. We know that hoarseness or sore throat may follow immediately wet or cold feet. I have noted in my own practise that from 80 to 90% of my pneumonia cases have suffered undue exposure to cold or wet, or both, previous to the chill ushering in the attack. Plowing in damp, cold ground has precipitated the attack in many instances. A fact of great importance in this connection is that by local damage to an internal organ the way is paved for entrance into the system of various pathogenic micro-organisms. A great many of these organisms may be present during health, but do not set up pathologic processes as long as the epithelial lining of the mucous membrane is intact.

There are certain associations of vasomotor nerves that it is well to bear in mind, viz.: the association between the vasomotor nerve supply of the feet and the circulation of the pelvic viscera. So girls, by getting their feet in cold water, suffer from suppression of the menses. A fact that should not be overlookt in the treatment of amenorrhea from this cause is that dry heat applied for prolonged periods to the feet is a very effectiv means of restoring this function. Another association is between the nerve supply at the back of the neck and the circulation of the head and face; also of the mucous membranes extending from the mouth and the nose. So catarrh of the nose or the entire respiratory tract may result from undue exposure of the back of the neck. Altho widely separated, there seems to be a close association between the vasomotor nerves of the feet and the circulation of arterial blood in the brain. I have personally observed that cold feet and sound sleep are not compatible, but, on the other hand, dry, warm feet apparently have a very soothing effect in bringing on sleep.

The pathologic process produced by this interference of arterial blood supply to any part or organ consists, for the most part, in an abnormal secretion of mucus by the mucous membranes of the organs affected and an accumulation of waste products by organs of elimination, such as the lungs, liver and kidneys, with impaired function of these organs and their inability to get rid of the pathologic products resulting from cold.

Treatment.

In a general discussion of colds I think it very important to say something about

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prophylaxis. In fact, the most rational treatment of cold is prevention by methods which naturally suggest themselves from a study of the pathology of this condition. People who are prone to catching cold should take the necessary precaution to keep their feet dry and warm, should clothe themselves to suit the season and should sleep the year around in a well-ventilated room. There is nothing that conduces more to catching cold than closing all the windows to the sleeping room under the popular but erroneous impression that "night air" is injurious. If one is inadvertently caught in a rain or snow storm without the necessary garments for his protection and becomes wet and cold, he should at the earliest moment possible discard his wet clothing, dry his skin and restore its proper circulation by rubbing briskly with a warm dry towel, and put on dry clothing. If he still feels chilly and does not get the necessary reaction the sipping of a hot ginger stew containing some alcoholic beverage will serve as a quick stimulant and help to restore a normal circulation. Some people suffer greatly with cold feet which is habitual with them. They should never retire without getting their feet thoroly warm, taking a hot iron or brick to bed with them if necessary. But in hydrotherapy we have the most potent means of preventing the catching of cold. This should be used in the form of the shower bath immediately after rising every morning. This bath need not last more than one or two minutes. Cold water should be used. For those who are not accustomed to the bath, however, it is a good plan to begin with temperate water, finishing with the cold and a brisk rub with a coarse towel until the necessary reaction takes place. The effect of this daily bath is to teach the capillaries in the skin thru the vasomotor nerves to accommodate themselves to atmospheric conditions. It is very essential that there be the necessary reaction after the bath, otherwise it had better be omitted.

The treatment of a cold after it had developt depends largely upon the part affected. However, eliminativ measures are applicable in all cases. For this purpose an initial cleanout with calomel, following up with quinin, 15 to 20 grains the first day—I usually administer 5 grains every four hours—and Dover powder at night, have never failed to be beneficial in the early stages. It is of the utmost importance to see that all the eliminativ organs are performing their function properly. The kidneys should not be overlookt, as frequently acute Bright's disease follows a cold. The lungs—which are eliminativ organs also—are especially liable to suffer. Hence we often see a severe and protracted bronchitis or pneumonia following a cold. Indeed, the complications of cold are so numerous and often of so serious character, that it is the duty of the physician to make the attack as short as possible and do what he can in guarding the vital organs against irreparable damage. Intelligent treatment based on an adequate understanding of the pathology of cold is almost invariably effectiv. Of course, it is highly essential that the conditions which produce a cold should be remedied; otherwise a cure becomes difficult and relapse frequent. It is especially necessary that children be well protected at night by sufficient cover and that some means be taken to prevent them from kicking aside the bedclothes and exposing their body and limbs. A flannel garment sufficiently long that the bottom may be sewed together and the top made to fit snugly around the neck serves the purpose here admirably well. If the matter of catching cold were given the attention it deserves, many incurable diseases would be prevented.

Greendale, Va. H. W. SMELTZER.

[The successful treatment of common colds is one of the most perplexing problems that the doctor has to meet. Let us have an exchange of views and experiences on this subject this winter. Nothing can be more profitable. The above article is a good "starter." Will the brethren kindly join heartily in this discussion, and immediately? —ED.]

The October WORLD.

EDITOR MEDICAL WORLD:—Coming directly from Europe's disturbed centers, Dr. Taylor's editorial and "Travel Talk" are exceedingly interesting. We of THE WORLD circle are doctors, and mainly interested in our own profession; but we are also human beings, and our pulses are stirred by the titanic conflict raging in the mother countries. Our sympathies are not so much with the parties to the war as they are with the peoples involved. What impresses me especially is the waste. Take the great German race—leaders in the arts and sciences, the industries and the thought, that are comprised in the development of the race. Enumerate any number of the world's greatest, in medicin, music, art,

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chemistry, education, and all that represents the progress of the human kind from savagery to the present is wiped out; for these men are torn from their work, guns and swords placed in their hands, and they may have to oppose a horde of Africans, who are, man for man, worth more than the savants, for the blacks can shoot straighter and strike harder.

In all that pertains to the evolution of civilization, America is centuries ahead of Europe.

Arsenic for Pellagra.

Three more of your contributors add their testimony as to the value of arsenic in the treatment of pellagra (pages 398, 399, October WORLD). I hope to see many more reports on this disease. Every contribution adds its value to the composit picture and brings us nearer the truth. But we should not seek the composit so much as the correct; and so we need comparativ tests of forms of arsenic medicaments, and applications to various phases of the malady, as it appears in various sections and under varying conditions. The huge WORLD family could do this far better than any single observer, hospital, laboratory, or school; for each sees only his part of the truth, not all.

Is Cachexia Strumipriva No Longer Met?

I scarcely dare comment on Dr. Braswell's exposition of the surgical treatment of thyroid conditions, because I am getting the name of senselessly opposing surgery. Surely I do oppose its needless applications, and have many times cured supposedly surgical cases without its aid. But when surgery is best, surgery is our duty; and I never hesitate to resort to mechanical methods of relieving mechanical difficulties. A year ago a lady applied to me. She had suffered for years from hemorrhoids and constipation. I anesthetized her and dilated the anal sphincter. The year has seen her perfectly well, gained in flesh, strength and beauty, very grateful for the benefits. What folly to go on administering drugs in such cases!

As to thyroid maladies—we must reflect that the surgeon sees only our failures, and is not aware that there are other cases in which the internist has his successes. What is the object of treatment? To remove every vestige of the disease, or to take away the deformity and the inconvenience, leaving no source of future trouble? What has become of the cachexia strumipriva, following the complete removal of the thyroid? Doesn't it occur now, or do the cases fail to come back to the operators?

Who Should Teach Sex Hygiene.

Well, if I am old-fashioned I cannot help it—but I do not believe in the general instruction of the laity, and especially of the young, in sexual hygiene. This knowledge is for the doctor, and should be guarded as the exclusiv right of the medical profession. Were the doctor to occupy the position of sanitary director suggested in my October letter (page 400), he could effectually apply all that is known about eugenics, etc., and far better than the patient could do. A little knowledge on medical subjects, by even an educated layman, is a dangerous thing. We, ourselves, do not always succeed, altho we make it the study of our lives—how then should they do so?

This same suggestion solves the problem presented by Dr. Sheldon (page 410), and if there be any other solution I should like to hear of it. The talk of any conflict between science and religion sounds very shallow to me—it is not a possibility; altho there may be a conflict between theology and science, until the science has penetrated the theology.

Sulfur in Purulent Conditions.

Dr. Reed (page 411) contributes an item on the treatment of boils. For years I have advised saturating the patient with calx sulphurata, U. S. P., for these Job's comforters; but recently a friend followed my advice and failed to cure—the pesky things kept coming as soon as he suspended the malodorous drug. So I went back to my student days, when we used Dunglison's saline at the Philadelphia dispensaries: 10 grains of ferric sulfate and 1 ounce of magnesium sulfate, dissolved in a pint of water; a tablespoonful before each meal. That fixt them. No more developt after the first few days. Many times I have had occasion to remark that the best remedy is not necessarily the newest or the most fashionable. In my student days, more than forty years past, I learnt to apply locally the red oxid of mercury ointment to abort boils and styes; and in subsequent years have found nothing to equal this.

Proper Food for the Baby.

I agree heartily with Dr. Tubbs (page 411) in his preference of cows' milk as a baby food over any of the proprietaries—provided always that the milk is all it should

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be. No known food is so liable to become pathogenic. From the time it is secreted, when it is being milkt, cooled, stored, transported, received in the city, delivered to the milkman, distributed, kept by the family, there is not a step in which disease is not liable to be imparted to it—and then milk is exceedingly apt to decompose from causes strictly internal to itself. Still it is far and away the best food for infants; and instead of being deterred from using it by the difficulties, it is up to us to see that all these are obviated, and the little ones have this essential food supplied in perfect conditions. To put them on milk without taking thought for this is to insure the supervention of trouble.

Take the lessons of the garden—flowers must be tended—weeds grow spontaneously and need no aid.

Treatment of Pruritus.

When a man speaks of itch, what does he mean? Scabies, pruritus, or one of the pruriginous skin diseases? Terrible suffering from itching attends many cases of jaundice, others of diabetes, phtheiriasis, eczema, etc. For all of these, temporary but decided relief follows the administration of a full sweating dose of pilocarpin. The anal pruritus so annoying to many is usually due to irritating discharges from the bowel. I have noted its occurrence with acidity, subsiding as the acidity was relieved. Local applications are useful if the cause is also local. Menthol, creosote, alcohol, allay the itching.

Pyorrhea.

Much suffering comes from bad teeth. Nowadays men go to their dentist at least once a year, to have their teeth overhauled and beginning decay stopt. Why limit this custom to the teeth? Why not have a similar investigation made by the family doctor? The heart, lungs, kidneys and bowels, are as important as the teeth. Toothache may be due to the fluids of the mouth getting into the nerve; then the cavity should be cleaned and a bit of cotton inserted, wet with creosote or phenol; then more cotton, dipt in varnish to seal the cavity. This will insure ease until the dentist can be consulted.

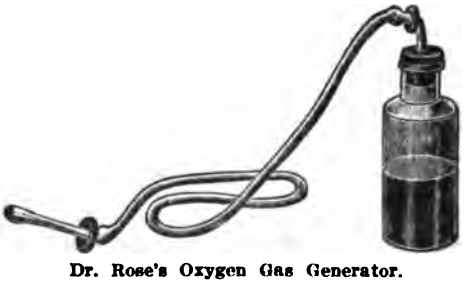
If there is suppuration at the root, this must be opened to allow drainage. A little wad of cotton, saturated with whiskey and placed between the cheek and the tooth, usually gives relief. Tartar may be removed by using finely powdered sulfur as a tooth powder for a week. It is harmless. A tallow-like deposit on the teeth is apt to be associated with constipation and fecal toxemia. I would not like to assert that all cases of pyorrhea are due exclusivly to this cause, but some of our best authorities, who have studied the disease, claim this is true in many instances at least.

WILLIAM F. WAUGH, M.D.
Chicago, Ill.

Carbonic Acid Gas in the Treatment of Dysentery.

EDITOR MEDICAL WORLD:—Will you kindly permit me to compliment Dr. L. R. Crabtree's correspondence, "Dysentery," in the September issue of your esteemed journal? I wish also to refer to my writings on the physiologic and the most rational remedy in the treatment of dysentery.

Carbonic-acid gas, besides stimulating capillary circulation, has an anesthetizing influence, and this is especially remarkable when the gas is applied to painful ulcers or



Dr. Rose's Oxygen Gas Generator.

inflamed mucous membranes. On account of these two qualities, the stimulating and the anesthetizing, it is, indeed, an ideal remedy in dysentery. As such it was known by Kuester and Parkin, who lived at the end of the eighteenth and during the first part of the nineteenth centuries.

Imprest with the description publisht a hundred years ago, I made use of this remedy in the year 1883 and publisht my first most remarkably satisfactory experience in the *Annals of Anatomy and Surgery*, December, 1883. During the last thirty years I have inflated the rectum with carbonic acid in all cases of dysentery which have come under my treatment, and invariably I have noticed a prompt effect on the tenesmus and speedy cure of the ulcerations. Two or three inflations of the rectum a day are sufficient. As a rule, the patients have spoken with enthusiasm of the relief they obtained.

In simple dysentery we may, by means

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of this topical application, dispense with administration of medicin *per os*. The ordinary dysentery is at the outset a local affection, and requires, when carbonic acid is applied, merely local treatment. In my book, "Carbonic Acid in Medicin," I have given all the physiologic explanation why carbonic acid is the ideal remedy in dysentery.

Generating the Gas.

The mode of application is simplicity itself by means of a gas generator in the form of a bottle holding a pint or less with a wide neck and a rubber stopper, perforated so as to admit a tube with a nozzle. A solution of about 6 drams of bicarbonate of soda in about 4 ounces of cold water is introduced into the bottle, and 4 drams of crystallized tartaric acid (if pulverized acid is used the development of the gas goes on too rapidly) are added. The larger these crystals are, the better. The bottle is then closed, and the carbonic acid developing in the water rises thru the tube, the nozzle of which has been placed in the rectum. The development of the gas in the bottle lasts about ten to twelve minutes. In a few seconds after the gas enters the rectum there is produced a sensation of warmth in the bowel. Some patients will tolerate the current of gas for two or more minutes. As soon as they complain of unpleasant sensation of fulness in the abdomen, the nozzle is withdrawn, or the patient may void the gas without removal of the nozzle. After the gas has been thus voided, the nozzle is reapplied and the application, with or without interruption, continued until the gas in the bottle has become exhausted. It is advisable that the physician who is not familiar with the method tries it on himself first. It is by no means an unpleasant procedure.

ACHILLES ROSE, M.D.
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The Treatment of Impotence with Hormones.

EDITOR MEDICAL WORLD:—Either THE WORLD is a journal that is very carefully read or else the subject of my brief communication in your September issue (page 364) is of more than usual interest, for I have had quite a number of requests for further information regarding the influence of the activ principles of certain of the ductless glands and the use of the preparation combining several of these, named hormotone, in the treatment of functional sexual neuroses and impotence.

The chief question in every letter was, "Where can I get it?" and I must admit that not all your readers seem to peruse your advertising pages as carefully as the text, for this product has for some time been advertised in your journal and for all I know is in this very issue.

At all events, the subject is as interesting from a purely physiologic side as it seems to have been proved to be practical from a clinical side. From the standpoint of physiology the principal point that must be remembered is the fact *it is possible directly to excite to functional activity various of the glands of internal secretion by giving suitably prepared extracts of the corresponding organ.* This is a factor which may be used in a wide range of disorders and is by no means confined to the treatment of impotence. The basis of this has been carefully workt out and the axiom laid down by Hallion, of Paris, regarding what he calls "homostimulation" is now generally accepted. This may, with advantage, be quoted from my new book:*

> One of the most important advantages of hormone therapy is the influence which hormone-bearing extracts have upon the organs to which they correspond. This is so general that it seems to be an invariable occurrence. Hallion was apparently the first to refer to this influence, and the following axiom has been called "Hallion's law": Extracts of an organ exert on the same organ an exciting influence which lasts for a longer or shorter time. When the organ is insufficient, it is conceivable that this influence augments its action, and, when it is injured, that it favors its restoration. Here, then, is one of the fundamentals of this method of treatment; and while it is manifestly useless to hope to regenerate an organ which is totally destroyed, it has been proved, again and again, entirely possible to regenerate that part of the gland which is not yet beyond the hormone stimuli, and even to cause an hypertrophy of the tissue thus regenerated, thereby restoring a measure of its former usefulness.

After all, theory does not count for much with the American practician. He wants results; and the only way for him to be convinced of the merits of an idea is to try it. Hence the results obtained in a couple of cases which have come to my notice may be briefly reported with advantage:

> Patient, aged 40, suffered from a motor accident and had "spinal trouble." After convalescence noted gradual loss of sexual powers. Condition later complicated by persistent melancholia and insomnia. Various physical and pharmacal measures were recommended by numerous physicians and proved useless. For three years was quite impotent. Took two 2½-grain tablets of hormotone after meals. After ten days found considerable

* "Practical Hormone Therapy," page 24.

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improvement. Dose reduced to one tablet t. i. d. Completely relieved after a few weeks' treatment. Has been perfectly "well" for over a year.

Patient, aged 38. Operated on for gallstones. After recovery from wound found he was practically impotent, later becoming completely so. Neurasthenic. Tried numerous measures with no results. Was given one tablet hormotone after meals and at bedtime. In two weeks both desire and capacity fully restored. An erratic use of tablets for some weeks thereafter. Patient still well after lapse of ten months.

It is perfectly true that the above cases represent a type of impotence which is far less common than that due to functional exhaustion. Both of these are due to conditions brought about by trauma or malnutrition and in both the above cases various attempts had been made to restore the lost function and many physicians had been consulted who seemed to have no useful advice to give. As a matter of fact, such cases as these are much more difficult to treat than those due to the usual cause, which, if removed, very frequently permits the re-establishment of normal function without need for other very activ therapy. In this connection it might be well to emphasize that it is poor practise to attempt to put out a fire while fuel is continually being added to it; so this hormone method of treatment, in spite of its efficacy, is not so effectiv when the hygienic measures recommended by the physician are not scrupulously carried out. In addition to this, such important factors as indigestion and, particularly, constipation militate against the success of this or any other method and they should obviously be cared for. The direct cause of the trouble, if it is ascertainable, should be removed.

Probably nothing is a greater source of embarrassment to physicians and patients than this unfortunate condition, and it really seems as tho the administration of hormone-bearing extracts is as reasonable a means of treating these cases as any of the numerous and varied procedures recommended in the past. Where the organs concerned are depleted the normal stimuli of these extracts, coupled with the influence that the association of small doses of thyroid and pituitary seem to have, favor a restoration of their normal activities. Where there is organic trouble, it has been definitly shown that this method of homostimulation causes an increast activity of such portions of these glands as remain unchanged, and a number of cases are on record where gland substances, when given over a period of time, have caused hypertrophy of the remaining sound tissue and a restoration of a good share of the lost function.

The hormotonic treatment, as it may well be termed, is often quickly efficacious in the treatment of impotence in women, altho not infrequently there are other important causes than excesses that have to be taken into consideration. In fact, impotence in the female is quite a different matter from the corresponding disorder in the male, and it does not respond to special treatment nearly so well as do the removal of organic or semi-organic local troubles, coupled with the mutual carrying out of the rules of intercourse. This same treatment, however, is a great boon in many of the neuroses of women, because the same fundamentals hold true in these cases. As a matter of fact, many authorities prescribe small doses of thyroid extract alone for this very purpose and a combination seems to be even more useful as an adjuvant in the treatment of run-down females. When I was in Edinburgh last year I was informed by one of the professors at the university that he had frequently employed testicular extract alone in certain pelvic troubles of women with the best of results, and I was assured that quite a few cases responded where ovarian medication had previously failed.

The advantages of combining the synergistic hormones of the pituitary, thyroid and gonads, as in hormotone, have a physiologic as well as practical significance, for it cannot be denied that these glands are most intimately related and that stimulation of one may cause a sympathetic change in the activities of others of the related glands with advantage to the patient. According to Bayard Holmes (*Lancet Clinic*, September 19, 1914, page 319):

> During the past year and a half much evidence has accumulated showing that disease of the ductless glands is usually plural rather than isolated and single. . . . Pluriglandular disease is the rule rather than the exception.

Later in his paper this same writer says:

> The use of gland extracts in the treatment of aplasias of the pluriglandular system has become an establisht therapeutic measure of miraculous potency. It should be preceded by the elimination of all sources of toxemia.

The interaction of these glands and their products is well borne out by Dalché's reports of the good results of minute doses of thyroid in the treatment of amenorrhea and certain forms of dysmenorrhea due to ovarian disorder.

As the Editor of *Clinical Medicin* (September, 1914, page 841) has well said:

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For the past ten or twenty years the tide of therapeutic thought and research has been setting steadily toward this one supreme truth: that the human body contains within itself all the necessary potentialities and agencies of defence against disease, and that the business of scientific therapy is to find ways and means of stimulating and utilizing these inherent potentialities and agencies. . . . While at present the application of hormone therapy necessarily is limited, it is destined to expand, and before long to become an important factor in general therapeutics.

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Milk Baths and Calomel for Erysipelas in Newborn.

EDITOR MEDICAL WORLD:—In February's issue of your valuable publication, on page 49, I saw an article on erysipelas which states that the death rate of the newborn is 95%, and of children under one year, 50%. This is a very high mortality, and having had a far better success with a very simple treatment, I make bold to ask you to kindly publish the same, hoping that it will have the same good outcome with others.

To illustrate the treatment I will cite the last case treated in this month, and but a few days ago.

I was called to treat a child of one of the employees of this mine, a nativ Mexican male child, 26 days old. Baby had been ill then three days with the disease and presented a pitiful sight; its color was a dark red, almost purple, from the crown of its head to the soles of its little feet, and the face, as, in fact, the whole of the body, lookt like and was a lump of bloated humanity. The mother had been treating the little sufferer with some nativ herbs, which had not had any effect; the child is a fair-skinned baby, neither the father nor mother being dark. The temperature was 105.2° F.; respiration and pulse rate not countable.

I gave the mother 8 tablets of calomel, each one-tenth grain, and told her to give one every hour for four hours and then to follow up with a small dose of sodium phosfate two hours after giving the last tablet; to withhold the breast, but to give barley water *ad libitum*; to procure some milk and to give a sponge or cloth bath from head to feet every hour at first, until free perspiration was produced, and then every two or three hours.

The following morning visited again and found that the mother had only given the tablets, sodium and barley water, but had not applied the milk rubs; so applied the milk baths at once, showing her how: she told me that she had grave misgivings that the milk baths would do baby harm, because the fever was so very high, temperature being 105° F. After applying the first bath I left, the mother promising me that she would comply with my instructions. The next day the temperature had sunk to 101.2° F, and the following day to 99.5° F., and the baby in nearly its normal color; the following morning the temperature was normal and baby well.

I have always applied milk in this disease with children and if used early the spots will fade very quickly. Ever since the year 1877 I have used this treatment, and had only one failure, and that was in a girl 2 years of age, when I had to use ichthyol.

In the year mentioned I treated a girl baby 6 months old, who had then its third attack of this illness, and had sinuses in the thighs over which I applied milk-and-bread poultices, which, as far as they reacht, brought the normal color back in a short time. Then I applied cloths wet with milk, which produced the same effect, and finally used milk applications, which cured the child entirely; and ever since then have used the milk applications.

THEODORE WENDLANDT.
Mina Mexico, Sonora, Mexico.

The Gall-Bladder and Its Removal.

EDITOR MEDICAL WORLD:—It is often a difficult task to differentiate pathologic lesions of the gall-bladder from those complex conditions of the liver and stomach, or any other organ located along "the vicious circle." The gall-bladder receives its nerve supply from the celiac plexis, which is a very activ part of "the vicious circle." It is not an uncommon symptom for the pain or sensation to be reflected away from the point of lesion to a sympathizing organ. We make mistakes oftener in diagnosing gall-bladder troubles than any other lesion along the route. This accounts for the revelations of autopsies, which show the astonishing fact that in one out of every ten, gallstones are found, while one out of every five reveal some pathologic condition that existed during life.

The mortality of these cases is necessarily much higher than it would be could physicians more readily recognize the true existing conditions. Gallstones occur but rarely in the young; they are common in middle life, and exceedingly common in old age.

Gallstones consist of several ingredients: cholesterin, cholesterin with bile pigments,

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lime or a combination of these. They vary greatly in size and number. There may be but one or two stones, or there may be many small stones, even hundreds. As many as a thousand stones have been found in a single gall-bladder. The size or number have but little bearing upon the symptoms; the accompanying inflammation and the position of the stones, when such that they cause obstructiv symptoms, are important. Gallstones in the gall-bladder are accompanied by cholecystitis; in the simple cases there occur attacks of so-called biliary colic. The patient is seized with a severe pain, usually felt in the middle line of the abdomen beneath the ensiform cartilage; there is often an accompanying spasm of the diaphragm, producing a feeling of cramp; the pain is apt to radiate to the right, occasionally to the left; it is often felt in the back beneath the shoulder blade; it may radiate upward beneath the sternum. The attacks of pain last for a few minutes and sometimes linger for hours and suddenly cease. Upon the cessation of pain the patient usually vomits. The pulse remains normal and there is no rise of temperature. The absence of general symptoms of infection when the gall-bladder only is involved is due to the fact that the gall-bladder possesses but few lymphatics, and readily distends as its contents accumulate and are dammed back by the combined influence of the inflammatory swelling of the mucous membrane and the obturating effect of the stone: a point of great importance.

The gall-bladder readily distends; its contents are under no great degree of tension, and before absorption has taken place the potency of the cystic duct has been establisht and the attack is over. Following it the patient resumes his former appetite, digests well, and assimilation assumes its normal function quickly. There may remain some soreness or tenderness on deep pressure in the region of the gall-bladder, while the right rectus muscle remains tense and rigid. It is possible to differentiate gall-stone colic from acute appendicitis because in appendicular colic the pain is referred to a lower point in the abdomen, to the umbilicus, or to the right iliac fossa, and there will be tenderness and rigidity over the base of the appendix. Often the history of previous attacks throws some light on the diagnostic field. In both conditions there may or may not be vomiting, but usually it is present and in many cases becomes a distressing symptom. One can usually differentiate gallstone from kidney stone. In the kidney stone there will be tenderness upon tapping the twelfth rib or just below the twelfth rib on point pressure in the direction of the kidney; the radiation of pain in renal colic is down onto the groin along the course of the ureter into the testicle, the perineum or the end of the penis, and sometimes is reflected to the hip. There will be a history of urinary disturbances and frequent changes in the urin. These conditions demand surgical interference. The kind of operation is the only question to settle. Many good men open the gall-bladder, remove the stones and close with drainage. We take exception to this procedure because the operation does not remove the cause of the trouble and invariably the stones form again, forcing the patient to undergo another operation or suffer the remainder of his life. The same pathologic conditions remain after the operation that existed before. I have known gallstones to form in eight weeks after the gall-bladder had been emptied of stones. This only unloads the rocks while the cholesterin, bile pigment and lime continue unabated to manufacture them at wholesale rate. The vessel has only been unloaded. It may be reloaded over and over again. The logical thing to do is to remove the gall-bladder together with the cystic duct, precluding all possibility of a return of the trouble. Why curette the mucous membrane of the gall-bladder away, thereby destroying the function of the organ, producing adhesions and leaving a functionless organ for a perpetual source of annoyance, when the logical procedure would be to remove the gall-bladder, directing the bile from the hepatic duct thru the common duct into the duodenum, thereby forever precluding any possibility of future trouble with the offending gall-bladder? If this operativ procedure were adopted by all surgeons, many of those distressing cases that have been neglected, putting off the operation as a "last resort," for temporary relief, would drift to the surgeon at an earlier period when a cure could be effected without a possibility of a return of the trouble. Most cases I have seen objected to an operation because they knew the majority of such cases returned for a secondary operation, as the stones invariably formed in from a few months to several years, giving the same trouble that originally caused the patient to employ the surgeon. My method after many years of

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work and close observation is to remove the gall-bladder in every case of gallstones regardless of the condition of the mucous or muscular layer of the bladder. None of these cases should be drained except where malignancy exists as a complication, or where the common duct is permanently closed. In that event the bladder had better be drained, since the drainage relieves the engorgement of the liver, clearing up the accompanying jaundice that usually exists, thereby relieving the patient of much discomfort while they patiently await the inevitable.

In such cases the object of the operation is to relieve and to prolong life with no thought of making a cure. In all non-malignant cases close the bladder without tubes or drainage of any kind. If the gall-bladder is diseased to such an extent as to warrant the destruction of its function by drainage, why not remove it to begin with and avoid the long tedious period of unsatisfactory drainage? Could you find a surgeon who would submit to having an artesian flow of bile from his sacred anatomy, when the entire discomfort could be safely avoided? The removal of the gall-bladder is a simple piece of surgery and is no more conduciv to shock than an ordinary ovariotomy or appendectomy. The delightful goal of the modern surgeon will never be realized until the surgeons quit the everlasting, eternal habit of draining gall-bladders. It is the rarest thing possible to find a gall-bladder that should be drained. The draining of a gall-bladder for a simple catarrhal inflammation where the ducts are open is truly unscientific and should not be tolerated by a scientific profession. There is no reason why a distended gall-bladder should be drained if the common duct is free of obstruction. Remove the gall-bladder and cystic duct, allowing the liver to free itself of its enlargement by throwing all the material directly into the bowel. Bile is the best intestinal antiseptic known, and will correct many pathologic conditions of the bowels, such as ulceration, catarrhal inflammation and constipation. I have my first case to see where the gall-bladder has been removed and where the bile flowed into the gut instead of the outside of the belly, but what all the accompanying intestinal troubles, together with the obstinate constipation was relieved simultaneously with the operation. A gut with plenty of bile is a perfectly healthy organ and performs its functions in a physiologic way. Why leave a functionless organ with its atrophy and many adhesions when the organ can be removed with safety, leaving the surrounding parts in perfect physiologic relations? The only two conditions making drainage logical is a permanent occlusion of the common duct and malignancy. All other cases can be cured by removing the gall-bladder, or they are not surgical at all.

Can any scientific man give a logical reason for opening the gall-bladder, removing the stones, draining the bladder and leaving the cause for the formation of the stones undisturbed, viz., cholesterin, bile pigments and lime, a veritable chemical laboratory, to manufacture stones in the same old way, depositing them in the same gall-bladder to be removed at some future time or to remain a constant, persistent, pain-producing, nerve-wrecking, unbearable condition to the last river, called death, where all pain and misery give way to that eternal sleep that knows no waking?

R. O. BRASWELL, M.D.

Fort Worth, Texas.

Acute Gonorrhea.—"Poor Doctor."

EDITOR MEDICAL WORLD:—Never-fail treatment for acute gonorrhea in the male urethra:

Diagnose your case, then give him 100 1/6 grain calcium sulfid granules. Direct two every two hours for the first two or three days, then two every three hours. Keep him saturated with the calcium sulfid. Next, ʒj quinin bisulfate; water, 2 ounces. Mix. A ⅛ ounce hard-rubber syringe. Have him pass his water; fill the syringe with the solution; shoot it slowly down the urethra; hold it there 4 to 5 minutes. Do this four or five times a day for five or six days and always on going to bed.

Continue this treatment until the acute symptoms begin to disappear, which will be in 5 or 6 days.

Now for the fireworks, if you have a good working galvanic battery. Place the patient on the operating table, bare his belly and on it set a well-wetted indifferent pad, 5 x 6, or larger, attacht to the *negativ* side of your machine. Now take the Neiswanger cataphoric electrode, wrap the copper wire with absorbent cotton, wet it well in the quinin bisulfate solution, as given above, put it back into its hard-rubber cover, pass it down to the pendulous portion of the urethra, attach this electrode to the *positiv* side of your machine (never to the negativ side, Brother). Now, everything is

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ready. Turn on the current slowly up to 5 milliamperes and let it run for 10 minutes —no longer. Give this treatment every second day. Increase from 1 to 1½ milliamperes at each treatment up to 10 milliamperes. Do not go any higher or you will do harm.

Ten to fourteen treatments will cure every case if you handle it right. You will not fail once in a thousand cases. I know what I am saying is true. I have used this treatment for over four years in a great many cases and have got to meet my first failure. I have made a cure in two cases in six treatments. That was over three years ago; but don't you do it, it is hell on your pocketbook unless you get your fee in advance. I did. I sometimes now give twenty to twenty-five treatments and get $25 to $40 for my work.

There is no pain. Do not shock your patient. If you do, you may lose him. He is liable not to return. Do not move your electrodes while your machine is working. Turn off the current before you try to remove either electrode. Turn off the current very slowly.

Care of positiv electrode: Do not remove the cotton covering on your wire staff until you are thru with your patient; that is, until he is cured. Work it off in water, put it back in the rubber shield, then stand the whole in a solution of copper sulfate 10 grains; water, 1 pint, until your want to use it again. Then pull out the copper wire, squeeze out the water in the cotton, wet it well with your quinin solution, put it back in the rubber shield, and you are ready for your treatment. For a lubricant to apply to the outside of the hard-rubber shield, I use 10% ichthyol in glycerin. Never use oil, vaselin, or the like. It is a poor conductor and will beat you every time in your treatment.

If you have a good place to put away your electrode after using it until the next time, where you can keep it clean, you will not need to use the copper solution. I do not use it any more. I have a place to keep my electrode.

Try the above way of treating acute gonorrhea and you will laugh at your old way of irrigating, sounds, and all the belly washes you have been using.

Rebating to the Druggist from the Doctor.

Will just say a few words for the "poor doctor." The heads of all the pharmaceutic and chemical houses feel sympathy for the "poor doctor." They are constantly working day and night for him. Everyone of them. But stop! See what they are doing for the "poor doctor"! You are practising in a small town; there is one drug store; a traveling salesman from one of these houses walks into your office to-day. You give him an order, say, for $100 worth of drugs, etc. The goods arrive. You send the house a draft for $100. They cash it. Do they put the hundred back into their business? No; not all of it. They buy a draft for about $15 and send it back to your country druggist. That is, your druggist gets the $15 if he is dealing with the house you bought from. You see, the "poor doctor" paid for a new suit of clothes for the druggist. I know this to be true, because I owned and operated a drugstore for a number of years in connection with my practise.

A little over a year ago one of these houses raised the prices on all their preparations (except a few specialties on which the profit is already large) from 25 to 40%. All for the benefit of the "poor doctor." Does your druggist have to pay it? No; not all. He gets a discount of 15% on everything from cover to cover of their price list. See how they have lookt after the interest of the "poor doctor"!

I buy all my supplies thru the jobber and get the 15% discount.

Oakville, Iowa. T. H. MURRAY, M.D.

[We have cured acute gonorrhea by six injections of gonococcus bacterin. Your use of quinin as a germicide bears out some information we have lately received along this line. We should be glad to hear from our readers who have used it for this purpose. We hope to receive the other information you mention.—Ed.]

Reminiscentiæ of Obstetric Positions.

EDITOR MEDICAL WORLD:—In the September WORLD, page 365, Dr. Bruce H. Brown recites cases of different postures assumed by women of different races.

Soon after I graduated in the year 1864, I was called upon to attend a colored woman during her confinement. When I arrived at the house I found the patient kneeling, with both her hands and knees on the floor, having under her an old insanitary quilt. Being a young man of limited experience, I was shockt, having been taught at college to consider a certain obstetric practise as being the proper one. I therefore ordered the patient to take to the bed. To this she and the women surrounding her objected.

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They claimed this was the best position in which to give birth to a child. As I could not use force, nothing was left for me to do but to likewise get on my knees and aid her thus in the delivery of her child. Since that time I have often instructed my patients to assume this position, being convinced that labor is often expedited by it.

Some years after I was called up at midnight to attend another woman—a Pole who could not speak or understand English. There was present a German midwife who understood the Polish language. When I arrived at the place, which was an outbuilding, I found the patient straddling a stable bucket of steaming hot water, being supported by the midwife on one side and the husband on the other. I remonstrated in energetic terms on the danger of this position, but with no other effect than a babel of language quite beyond me. The midwife translated my remonstrance into Polish and was met by a stream of both Polish and German words—the Poles understanding German. Finding nothing else could be done I placed a chair in front of the patient and bucket of hot water and prepared, with many misgivings, to receive the slippery child. "All's well that ends well," and the child did not receive a bath of scalding water.

The midwife informed me that this was the customary way of giving birth to children in Poland. While I have never attended a case of the like kind since, I—as in the former case—received a lesson. This is the lesson I learnt, viz.: The steam from the hot water relaxt the tissues and thus made the birth easier and shorter in duration. Since that time part of my practise is to apply hot wet cloths to the parts; likewise to inject sweet oil. The latter procedure may not be required in many cases, but I think it serves a good purpose in all. A. T. CUZNER, M.D.

Gilmore, Fla.

The Outcome of the War.

EDITOR MEDICAL WORLD:—The great war has gone so far that it is evident, no matter which side wins, that radical alterations will ensue in the map of Europe. The balance of power has been rudely upset, and can no more be restored than an egg can be unscrambled. Another such war is unthinkable—the winning side must make such terms as shall forever relieve it of the responsibility of a repetition. Take your map of Europe, and study the possible changes—and changes are inevitable.

Should Germany win:

She has been outspoken in telling what she wants—and what Germany wants she takes when she has the power. She dreads being crusht between Russia and France; she wants commerce and colonies. She will strengthen herself, weaken her neighbors, and take what she needs. To add to her power she will "invite" Belgium, the Netherlands, Denmark, Norway, Sweden, Switzerland and northern France, to join the Germanic Empire. Not only Calais but Havre and Cherbourg will become German. This will give her the free outlet to the ocean she ardently craves, besides a supply of the finest seamen in the world; and she will also take colonies of inestimable value. France and Russia having no further use for their fleets, these will be taken as part of the war indemnity.

Poland, Finland and Bessarabia will be detacht from the Czar's empire, and absorbed into the German, directly, or under the guise of a buffer state as to Poland, Finland being reunited with Sweden, Bessarabia handed over to Austria. The new members of the Germanic union may for a time preseve their own local governments, as Bavaria, Saxony and other non-Prussian states have done—continuing a lot of costly and useless local royal courts, until the people and the Empire get tired of the profitless expense.

Austria will likewise assume the control of the Balkan statelets, including Greece. The existence of states too small and weak to enforce respect has already been demonstrated to be an impossibility, and Europe will be rearranged on other lines in any event. The ties between Austria and Germany will be drawn closer, so that the military forces of the eastern aggregation will be organized by and in conncetion with the Germans.

With triumphant Germany ranged across the channel, with her powerful fleets covering the ocean, her Zeppelins darkening the air, her armed millions thronging the ports of Holland, Belgium and France, England's power will be as completely crusht as that of France. She will henceforth occupy toward Germany about the position Sweden has held toward Russia.

Stretching across mid-Europe from the North Cape to the Peloponnesus, with nearly two hundred millions united under German disciplin, Germany will assume

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the hegemony of Europe, and of the world. The bounds of Hermanric's Gothic empire will be restored, with greater possibilities and huger powers than ever dreamed the wildest dreamer of his day—and with no Attila to overthrow it.

What then of America? With England prostrate, with her sea power gone, with the fat valleys of the Orinoco, the Amazon and the La Plata lying open and unprotected before the War Lord, how long will it be until the trial of arms with us will be provoked?

Should the Allies win:

A crushing German defeat would see the rise to power of German socialism, and the downfall of the Emperor and of militarism. With Germany a republic it would not be long until Austria and Russia followed—it is no more improbable than as to Portugal and China. The people resuming the right of self-government, the war would cease. There could be no war between republican Germany and either France or England. The status of border provinces could be left to a vote of their inhabitants, and Alsace and Lorraine would be German or French, as the majority decided. Schleswig, Holstein and Lauenberg could likewise choose between Germany and Denmark; Finland between Sweden and Russia. The day of little independent states would still be past, but the possibilities of voluntary federation are such that the distribution of these would not be difficult. Possibly Switzerland might split up, the German, French and Italian sections going with their closer kin. The ballot would replace the bullet in deciding the status of disputed districts everywhere. Europe would become a federation of federated republics.

Against a possible Slav domination we would have a powerful, united Germany, backt by a friendly France and England; back of these the balance of the Latin states. Against a possible Asiatic peril we would have a powerful Slav union, backt by united Germany and this by the rest of Europe. The peace of the world would be establisht forever. Even the development of China with her five hundred millions would carry no perils to a Europe organized along such lines.

And the hegemony of the race would still lie with Germany; but a new Germany, the old domineering arrogance gone, her science tempered with humanity, her millions of soldiers, her billions of money and her incalculable energies, now wasted in warlike pursuits, returned to the channels of trade, and of industry. Give the German genius free scope, let its tremendous energies be freed from the incubus of slaughter and rapine, and allow it to follow its natural bent. We should see Germany accomplish what she has never yet done, win the confidence and affection of her neighbors. As the German surplus, numerous as when Cæsar found the Suevi sending out a yearly swarm, overflowed into the southern districts, it would meet a hearty welcome. That 300,000 Germans should settle about Paris would be a matter of congratulation where now it is a menace. German thought, German art, German industry, should win the hegemony of a willing and applauding world. The storm and stress period past, the genius of Goethe and Kant replaces that of Bismarck and Nietzsche.

Few Americans realize the crushing weight of the armaments now carried by Europe, or the advantages we enjoy in being spared this burden. Release the resources now wasted there, and the most stupendous of conflicts follows—that for industrial preeminence. How will we, with our easy, go-as-you-please methods, our wastefulness in handling natural resources, fare when we come into conflict with disciplined Europe demanding employment for her erstwhile soldiery and the funds diverted from her war chests?

Meanwhile, what folly to talk of our "sympathizing" with the one or the other side in this frightful conflict, the hugest crime the world has ever perpetrated. We sympathize with all of them; with all the peoples torn from their homes and their useful, productiv labors, and turned back toward barbarism. We want to see the murderous struggle stopt, and its wounds healed. We are not applauding Frenchmen or Englishmen for bayoneting a German, any more than we are egging on the Teuton to take the life of a Gaul. We await hopefully the day when reason may regain her ascendency, and the combatants pause long enuf to ask themselves what they are fighting about.

Do any of them know?

Meanwhile, also, illustrating the destruction of intellectual values and the retrograding of the race, we note that Adami has enlisted as a private soldier, and that the allies are jubilant over the fine fighting qualities displayed by the Senegalese. Under the war lords the negro is worth more than Adami—the former can shoot better.

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Take a third and very likely proposition—that we overestimate the strength of the Socialist propaganda in Europe, and that it may take time for Germany to advance to the republican plane. For surely this war demonstrates that Europe is a century behind the United States in moral development. She has not yet comprehended the motivs actuating us in leaving Cuba and Mexico to govern—or misgovern—themselves, when all we had to do was to stretch out our hand and take them. So that it is probable that this war may cease from mutual exhaustion, leaving the Kaiser on his throne, but the Allies in the ascendant. Then we should see Alsace and Lorraine restored to France. Poland reunited under Russia's Czar, Belgium somewhat enlarged, with a heavy indemnity in cash, the German fleet and colonies transferred to England, and a crushing burden of war debt settled upon the empire.

Possibly some millions of unwilling people may be rent from Germany and transferred to France; and the soreness engendered by the seizure of Alsace-Lorraine, the determination to get even, the rancor that boycotts everything coming from the other side, will be manifested by Germans against France. We dare not hope that the higher statesmanship that seeks to conciliate a fallen foe may be exercised by the victors. Neither party is great enuf for this. Yet—a touching story comes over the ocean, of a French soldier, wounded, succoring an Englishman, when both were attracted by the groans of a desperately injured German. The two gave their enemy the last drops of the beverage for which they were themselves dying. This was discovered next morning by a German officer, who recognized the heroism of the act appropriately.

It may be apocryphal, but if such incidents happen, and multiply, the German conception of French character may be altered; as assuredly respect for French fighting qualities is being engendered by the fierce battles of this war.

Chicago, Ill. W. F. WAUGH.

[Dr. Waugh wrote Dr. Taylor an interesting letter on "the outcome." Knowing Dr. Waugh's deep knowledge of history, Dr. Taylor askt Dr. Waugh to write more fully along this line for the WORLD readers, with the above result.—ED.]

EDITOR MEDICAL WORLD:—I assure you I very much appreciate THE WORLD and consider it indispensable, so please don't stop it until death doth us part. A. F. ARMSTRONG, M.D.

Chipman, N. B.

Dispensing By Druggists Began in England.

EDITOR MEDICAL WORLD:—In view of the present controversy between physicians and druggists, it is interesting to note that the attempt to prevent doctors from dispensing began in the seventeenth century in London. Previous to that time the grocers were the original drug merchants.

The apothecaries were duly incorporated by James I in 1606. However, this did not change conditions. The grocers continued to control the drug trade until 1617, when the druggists succeeded in shedding the grocers by means of a new charter.

After that time they had the physicians against them. The reason of this was that the apothecaries set up as practicians, not only selling drugs, but prescribing them.

Extortion Practised by Druggists.

Extortion was the great failing of the apothecaries at even that early date. Here are some of their charges: A purge for "your worship" is listed at 3s. 6d. A purge for children at 3s. A glass of chalybeate wine was charged 4s. and a powder to fume the bedclothes at 5s. High as the charges were for the time, they are nothing to the mulcting practise of one of London's leading druggists, G. George Buller, who charged 30s. a piece for pills and £37.10s. the box full. This was the year of 1633. It is stated the apothecaries have been known to make as high as £320 out of a single case.

Physicians Aid the Poor.

Such extortion as this was naturally resented by the College of Physicians, who in 1687 bound their Fellows and Licentiates to treat the sick poor of London and its suburbs free of charge, which strained the relations still further, and in 1696, 53 influential physicians subscribed £10 each to establish dispensaries for supplying drugs to the poor at cost price.

War was at once declared between physicians and apothecaries. An internecine wrangle broke out among the dispensarians and the antidispensarians, the latter being, of course, favored by the apothecaries. A lively bout of scurrilous pamphleteering ensued.

It was described by Dr. Johnson, a London physician, as on the side of charity against the intrigues of interest, and of the regular learning against licentious usurpation of medical authority. But in spite of the support of the men of letters, the physicians were, in the end, beaten by the apothecaries. A test case against an apothecary who had exceeded his license, which was brought to trial in 1703, and at first decided in the physicians' favor, was subsequently reversed in the higher courts.

After this the English apothecaries became practicians to all intent and purposes, and began to make war upon those of their own number who did not come up to certain standards and conditions of their own devising. S. C. FALLS.

6139 Haverford Avenue, Philadelphia.

[This is a very interesting contribution to the history of this subject. We would be glad to have more on this subject by any of our readers who may be in a position to write it.—ED.]

Quinic acid decreases the amount of uric acid in the urin, hippuric acid appearing in its stead.

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Treatment of Pellagra.

EDITOR MEDICAL WORLD:—I read the pellagra reports in your journal with much interest. I have treated about 28 cases this year. Every case seemed to yield readily to cacodylate of sodium hypodermically. I usually commence giving 3 grains every other day for a week; then 5 grains for a week; then 7 grains and usually continue as long as the patient takes treatment. This is for adults. However, I am giving an eleven-year-old girl the same. I am using soamin, 5 grains, but have not used it long enuf to get results. I feel sure that the cacodylate treatment will cure almost any case if commenced in time. C. C. SELF.

Barham, La.

EDITOR MEDICAL WORLD:—I have read with much interest the articles on pellagra. I have been in activ practise of medicin fifty-seven years, and each few years develop new diseases. I have quite a number of cases of pellagra and in all cases I have been able to give a cure—if patients are seen before the mind becomes affected. I begin my treatment with full doses of calomel to get the liver to act freely; then my next move is to correct any gastric disturbance with nitromuriatic acid and pepsin before meals and full doses of Fowler's solution after meals, and every night bathe freely the entire body, using carbolic soap freely.

Kingston, S. C. W. L. WALLACE, M.D.

Jaborandi in Pellagra.

EDITOR MEDICAL WORLD:—I read with interest your journal each month.

I am interested in pellagra, and have workt hard and tested out many remedies. I am convinced that the arsenic preparations, tho not specific, are most popular in use, and do fine in my hands, also; but I have used for the last two years the fluidextract of jaborandi in moderate doses and it has acted like a charm. Out of 40 cases, I have failed in 3 with the use of this drug, and these 3 were of long standing and unfavorable surroundings. I treat the nervous symptoms and bowel trouble symptomatically. I see no use in washes for the skin symptoms unless necrosis sets in or for physical effects.

Lately I have added Fowler's solution to my treatment, and I find the combination very pleasing.

Anyone trying the fluidextract of jaborandi in this disease can but praise the drug.

Sumter, S. C. C. W. MAXWELL.

Comments on Articles.

EDITOR MEDICAL WORLD:—On page 408 is article respecting stammering. Have on hand patient—ataxic—who is blind and a most wonderful stammerer.

On page 411 is treatment of boils by a circle of collodion. I have no knowledge of that treatment, but have been for years in habit, when I first see the inflamed part, of taking a piece of sharp-edged glass and carefully scraping the part until a drop of blood oozes. Whether the gentle scraping is better than slicing off a piece I'm not prepared to state. This treatment does not apply to carbuncle.

The article on page 361 of *Medical Council* against "pawing," when or after operation, is *immense*, and ought to be *grasp*t.

Have wished you success these many years, and do so still. JAMES MACCOY.

Joliet, Ill.

A Brief on the Treatment of Typhoid.

EDITOR MEDICAL WORLD:—As your columns are open to suggestions and inquiries, I want to state that I have recently treated six cases of typhoid, as follows:

Calomel purge followed by castor oil, first call. Gave ½ grain mercury with chalk every 4 hours. Mustard bath, temperature 99°, for twenty minutes, with electric fan running, fan continued for one to two hours at the time of maximum temperature. Also gave 5 grains of hexamethylenamin daily and carried out the usual hygiene. Fed patient on 4th day; temperature normal.

This was repeated for 6 days in four cases and 5 days in two cases. All did well and recovered in 25 to 29 days. Has any of the family tried it? DR. J. E. MCDONALD.

Logan, W. Va.

A physician's wife writes us that the articles in THE WORLD on "the twilight sleep" seem to take the view that it is a fake. She thinks the physicians of America should use this method of annulling labor pains, and believes the article publisht in *McClure's* will teach American physicians something. The doctor's wife is not fully informed of the *status* of "the twilight sleep," which was an American invention and has been used in this country for many years, but American physicians have not advertised themselves by it. When it is used, closer and more careful attention is required for the patient, which adds to the expense to the latter, and American people, on the whole, are endeavoring to curtail expenses instead of adding to them. The Freiburg doctors announce that it is a very expensiv treatment.

We have received information from a number of our readers that "Gunther's Improved 808" and the iodid of mercury ointment that Dr. Rollins inquired about in our October issue are made by the Chicago Pharmacal Co., Chicago, Ill., and are handled by the drug trade generally. Also that Boericke & Tafel, Chicago, Cincinnati and Philadelphia, also can supply them.

Peace at Home.

We who infest this favored land should happy be, and doubly grateful; we need not, at some chief's command, engage in warfare, grim and hateful. No cannons thunder on our shores, we see no fierce, bloodthirsty faces, but we can do our daily chores, and not be shot in fifteen places. No reckless soldiers fire our barns, no tyrant o'er the wreck rejoices and says he doesn't care three darns, when we protest, with tear wet voices. Oh, everywhere is balmy peace in this fair land, beloved of heaven, and man, who uses elbow grease, may earn three bucks, or maybe seven. Sleep has for us its pristine charms; we go to roost, our prayers once spoken; no danger here of night alarms; we wake at morn, our legs unbroken. We feed old Dobbin in his stall, we milk the cow and herd the pullets; we are not backed against a wall and then shot full of rusty bullets. So let us thank our divers gods, that we may live our lives serenely, work out our plans, increase our wads, and die in bed, in manner cleanly.—WALT MASON, *in Philadelphia Bulletin.*

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THE PRESCRIPTION PAGE.

Acute Bronchitis in Children.

Sutherland states that, if in the early stages, as often happens, there is a dry, irritating cough, the indication of increasing bronchial secretion by the inhalation of steam may give great relief. If there is dyspnea from bronchial spasm, fomentations to the back and front of the chest are indicated. In mild cases of bronchitis no other treatment is necessary than to apply to the chest some stimulating liniment. In more pronounced cases the bowels should be freely opened at the outset of the attack, and a simple febrifuge mixture should be ordered, such as the following:

℞ Potassium citrate, gr. v.
Tincture of orange, *m* v.
Solution of ammon. acet., *m* xv.
Camphor water, q. s. ad f3j.

As regards cough mixtures, it is pointed out that these tend to upset the digestion. If bronchial secretion is defectiv and there is a harsh, irritating cough, iodid of potassium and carbonate of ammonium may be given in doses of 2 grains each. If bronchial secretion is overabundant, the following may be given:

℞ Tincture of belladonna, *m* iv.
Dilute nitrohydrochloric acid, *m* iij.
Glycerin, *m* x.
Comp. infusion of gentian, q. s. ad f3j.

If special sedativs seem called for, a convenient form of administration in children is the use of pastilles containing 1/50 grain of codein. In the convalescent stage codliver oil and hypophosfites give the best results.—*Pediatrics.*

Iritis.

In cases of severe iritis of a few days' standing, with a narrow pupil, the following often succeeds even in breaking up posterior synechia very rapidly, aided by salicylates:

℞ Scopolamin hydrobromid, 1 grain.
Atropine sulfate, 5 grains.
Cocain hydrochlorid, 10 grains.
Distilled water, 1 ounce.

M. Sig.: Drop in eye every one to three hours.—*Lancet-Clinic.*

Hypertrophy of Tonsils.

℞ Iodi pur., gr. j.
Potassii iodidi, gr. ij.
Tinct. opii, *m* xx.
Glycerini, f3iv.

M. Sig.: Paint the tonsils morning and evening, and use as a gargle a teaspoonful to a glass of warm water.—MOURE, in *Med. Fortnightly.*

Flatulence.

When flatulence is a part of the vicious circle in so-called neurasthenia, nerve sedativs are in order. Many an attack of extrasystole and tachycardia will be averted if proper attention is paid to the prevention of the flatulence. The association of excessiv gas formation and attacks of reflex cardiac neuroses in neurasthenic patients has led many physicians severely to restrict the diet in such cases. This restriction has a tendency to perpetuate the condition, inasmuch as the resultant malnutrition lowers the digestiv powers. Many patients respond readily to forced nutrition, especially if the carbohydrates with ingesta are given in reduced quantities. Bromids, valerian and charcoal should be given. The following combination is often efficacious:

℞ Sodii bromidi,
Strontii bromidi, āā 8 grains
Carbonis ligni, 5 grains.
Essentiæ zingiberis, 24 grains.
Aquæ cinnamomi, q. s. 3i¼.

M. Sig.: One dose; take directly after meals.

When hyperchlorhydria exists together with gastric flatulence, alkalies should be administered and an excess of meats avoided, since the proteins, tho combining with the hydrochloric acid, have the tendency to call forth a further outpouring of free hydrochloric acid.—STERN and SACHS, in *N. Y. Med. Jour.*

Menthol Ointment.

Camphor	60 gr.
Menthol	160 gr.
Thymol	30 gr.
Boric acid	⅛ oz.
Paraffin	¾ oz.
White petrolatum	2¾ oz.

Melt the paraffin and petrolatum together, add the boric acid, and when nearly cold the camphor, menthol and thymol, which have been previously mixed and dissolved.—*Physicians' Drug News.*

Soothing Syrups.

℞ Oil anise	20 drops
Oil peppermint	1 fl. drachm
Tincture camphor	1 fl. ounce
Fluid ext. valerian	4 fl. ounces
Fluid ext. licorice	4 fl. ounces
Alcohol	8 fl. ounces

Mix. Dose: One-quarter to one-half teaspoonful in water.

℞ Tincture hyoscyamus	4 fl. drachms
Syrup lactucarium	2 fl. drachms
Syrup to make	8 fl. ounces

Mix. From 10 to 60 minims, frequently repeated. To a child, from 5 to 15 drops repeated every 10 minutes to effect.—*Medical Brief.*

Chronic Orchitis.

℞ Potassii iodidi	gr. xl
Ichthyolis	f 3 ij
Lanum	3 iv
Olei lavandulæ	gtt. iv

M. Sig.:—Apply freely two or three times daily.—*Merck's Archives.*

New Solution of Iodin.

Giovanni Zanetti has found that benzol is an excellent solvent for iodin, and furnishes a preparation that is quite efficacious for surgical antisepsis. A 10% solution of iodin in benzol is called by the author "iodobenzol." This solution penetrates the skin with greater ease than does tincture of iodin. The advantages of the benzol solution are, in addition, the facts that it contains a high percentage of iodin, that it has a markt stability, and that it is much cheaper than the alcoholic solution of iodin that is commonly used for surgical purposes.—*Monthly Cyclopedia and Medical Bulletin.*

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Leucorrhea.

EDITOR MEDICAL WORLD:—I have a case I would be very grateful for anything in the way of a suggestion:

A lady, 39 years old, been married about eleven years. Previous health good. Father died of carcinoma of rectum. Mother living in good health. Urin negativ. Physical examination negativ. Trouble dates to time of marriage, when intercourse was almost impossible on account of tenderness of parts. Sometimes worse than others, altho never without a great deal of pain. Has one child eight years old. Had two miscarriages before child was born at four months and a miscarriage two years ago at four months.

Had patient operated on a year ago for fibroids and some adhesions and a continuous pain in region of appendix, which was giving considerable trouble. This constant tenderness of vulva and vagina has been worse since operation and she cannot now have intercourse at all.

I have used glycothymolin on tampons and in douches. She cannot stand a boroglycerid tampon, as the pain is excruciating. Cannot tolerate a distilled solution of witchhazel. Have tried various suppositories, some of which she cannot stand. Also used various mild antiseptic douches. Last I cocainized vagina and painted same with a 20% nitrate of silver solution. This I have done twice, with but little help, if any.

I should have stated there is a little discharge from the vagina at times, not very much, and not of an infectious nature. Parts look slightly inflamed, altho not to the extent of symptoms. Patient is of nervous type. I have exhausted all means of help known to me for a trouble of this nature. WISCONSIN.

[The case, of course, is not one of vaginismus. The nitrate of silver may do some good, if persisted in for a considerable time Such cases are occasionally seen, and are generally due to a hypersensitivness of the parts brought about by some obscure nervous irregularity. We do not advise indiscriminate curetting, but this is one of the cases in which we think *repeated* and thoro curetments advisable. We are positiv you will not permanently benefit the patient until after you have dissipated every semblance of leucorrhea, and in this case it is pretty certain to be uterin in origin, and kept up by a chronic endometritis. Depletiv measures will be necessary in connection with the curetments, and if the glycerin suppositories are intolerable, we suggest a tentativ trial of the milder powder forms, such as boric acid; sulfate of zinc much diluted with other inert or mildly antiseptic powder, etc. It may be necessary to incorporate morphin with the agent or combination of agents selected—many of these cases require it in the early treatment—later it can be reduced in amount, and finally discontinued altogether. The hot sitz bath is a depletiv agent too much neglected; it could be given nightly over a considerable period, and should be made hotter after the patient becomes slightly accustomed to the heat by immersion of the hips for a moment or so—adding a pint or more of hot water every few minutes while in the bath, and prolonging the bath for at least twenty minutes.

Nerve sedation, by such drugs as bromid of strontium in large doses, camphor, valerian, etc., will doubtless do much good, and it is possible you might derive advantage from the alterativ effect of iodid of potassium.

You need not expect quick effects, but we feel sure, if you will follow out the lines of suggestion, that you will make a powerful impression on the trouble in time.—ED.]

Goiter and Pellagra.

EDITOR MEDICAL WORLD:—Inclosed find photograf of case with following history: Father and mother very nervous temperament. Father subject to severe pains in head and body, I think caused

Showing Lesions on Hand, Wrist and Arm.

from autointoxication, as he suffered with constipation. Their health is otherwise good. Their hygienic surroundings are the worst possible. All the children have had hookworms. Use no spring water from spring where stock is watered. Father is a miller—grinds corn and gins cotton. Mother and sister cook. The food is very badly cookt; insanitary.

The patient lives at home with parents and assists them with their work. Age 17, white, male, single. Has erythema on both arms and hands, extending from wrist to shoulder on outer surface only. Also on upper part of breast. Started on him two years ago, but is getting worse. It is worse in spring and summer. Nearly leaves him in the fall. Hands peel off, and he complains of severe burning in them. The eruption resembles hands that are

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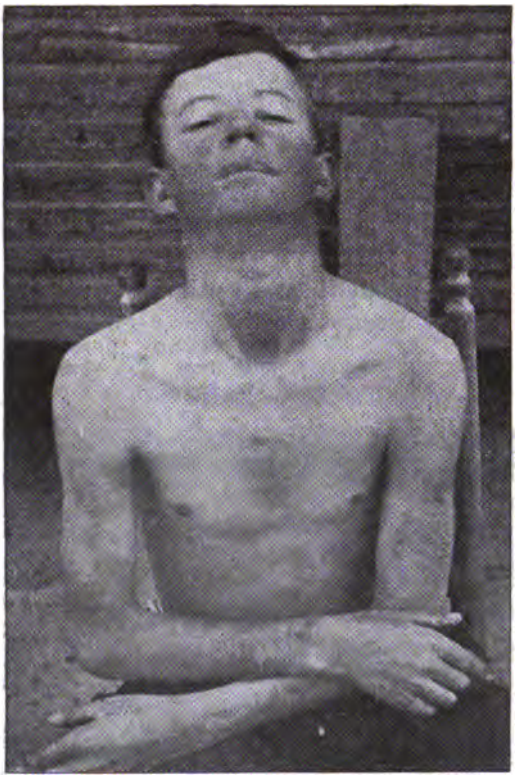
chapt, and get dirt in the pores—rough. Has had some ptyalism and mental depression. Bowels and kidneys normal. Has severe drawing spells. Head wants to fall backward or rather draw backward. Legs draw up also. Always conscious during spells; only last few minutes. Pulse 90 to 100. No fever. Digestion fairly good. Been treated for hookworms. Has enlargement on neck that extends clear across lower half in front; does not exactly resemble goiter; disturbs respiration slightly. Has had but little medical attention.

Would you assist me from this meager description as to diagnosis and treatment? They are only in moderate circumstances. H. C. STOVALL.

Clopton, Ala.

[We feel practically certain that the enlargement on the neck is a goiter. The form of an enlarged thyroid is not always the classical one found in textbooks, nor can one always be positiv just what part of the lobe has undergone hypertrophy, nor if the hypertrophy is equal in all parts of the lobe affected. A year's course of potassium iodid internally, in large doses, with severe painting with tincture of iodin externally thru like period, will cure the goiter, at his age.



Showing Enlargement of Neck and Lesion on Wrist and Hand.

Have you considered the possibility of pellagra? The photografs do not show the skin lesions clearly enuf for diagnosis, but the description of the lesions arouses suspicion.

He may be epileptic, or he may be hysteric: only a careful study of the attacks and of the individual could determine this.—ED.]

Treatment of Uterin Fibroids.

EDITOR MEDICAL WORLD:—Can you or some member of the family give me some information in regard to the treatment of uterin fibroids? Are they using any other than surgical? If so, with what results? Or what success are they having with the treatment by electrolysis?

Westbrook, Maine. F. L. JACKSON.

[The electrolytic dissolution of uterin fibroids, as originated by Prof. Apostoli, of Paris, and urged in the U. S. A. by Dr. G. Betton Massey, of Philadelphia, gives good results when applied by one fully trained and with perfect apparatus. Intensiv applications of the Roentgen ray have, however, supplanted the Apostoli treatment, suitable filters being used to protect the skin, and the results are almost ideal. Ergot and like drugs are decidedly out of date. The relativ values of Roentgen-raying and surgery are well summarized from Dr. Stephen Tracey's paper, read at the September, 1914, meeting of the Medical Society of the State of Pennsylvania, as follows:

The most ardent advocates of radiotherapy claim that all fibromyomata uteri, except those removable by myomectomy, should be treated by x-rays. Others state that these tumors should not be treated with the x-rays in women under 40 years of age in fibromyomata associated with malignancy of the uterus or appendages, nor in tumors undergoing necrosis or other forms of degeneration. The surgeon is frequently not able to diagnose these conditions until after the tumor has been removed, and in many cases not until after a histologic examination has been made, and in some cases not until the patient returns with malignancy only too evident. A statistical study of a grand total of 1189 cases was given, showing that 33.38% of the cases could not have been cured by x-ray treatment and in 25.4% of the cases the life of the patient would have been lost. In view of the statements made by some roentgenologists that the x-rays should be used in the treatment of fibromyomata uteri only in women past 40 years of age, statistics were given showing that 136, or 69%, occurred after the age of 40; of 26 cases of malignancy, 24, or 90.3%, occurred in women aged 40 and upward. It would seem that roentgenology should be limited to the treatment of these tumors as follows: (*a*) In a patient whose general health is so much below par, from any cause, that she could not withstand the shock of the operation; (*b*) in cases of markt anemia to temporarily control bleeding until the patient is sufficiently restored to health to undergo an operation, and (*c*) in a patient who continues to bleed after myomectomy, and an histologic examination of the tumor and endometrium shows no evidence of malignancy.

The writer concludes as follows: When we consider that over 33% of patients, with fibromyomata uteri could not be cured by roentgenotherapy, that over 25% would sooner or later perish under such treatment, that the tumor can be removed by skilled surgeons with a mortality of less than 3%, it would seem that the only rational treatment for these tumors, which produce symptoms, with the few exceptions given, is early surgical intervention. In the discussion Dr. Wilmer Krusen, of Philadelphia, stated that owing to the difficulty of making a

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diagnosis of degeneration in the tumors before the abdomen was opened, also the difficulty frequently experienced in making a diagnosis of tubal involvement, and in view of the fact that a cure was possible by clean surgery, and that the x-ray was utilized in those cases only where positiv surgical contra-indications were present, the operativ treatment should be advised in all cases.

In this connection read our editorial on the subject in the August WORLD, pages 306 and 307. We suggest that you write to Dr. Kelly for a reprint of his article. We know of one case treated by Dr. Kelly by means of radium and x-rays, with satisfactory results. We are not ready at this time to make a final report on this case.—ED.]

Menorrhagia.

EDITOR MEDICAL WORLD:—Please tell me what would you do for a case of severe excessiv menses. The woman is 30 years old; has had two children; the youngest is 7 years old. She is well nourisht, and feels good generally, is regular at the periods, but flows fearfully for ten days each time. There is no growth of any kind in the uterus, and I can find no cause for the tremendous loss of blood. See no indication for curetting. Have tried ergot in all kinds of doses, but with no good effect. Caulophyllum and hydrastinin have also been given faithfully, as well as a number of other remedies.

Sutton, Neb. H. H. SCHULTZ.

[Possibly your ergot may have been at fault, tho it, alone, is not always efficient. Oil of erigeron, 15 to 25 drop doses, on sugar or in capsule, every three hours, is very good. Also a tablet containing gallic acid, 3 grains; ergotin, 1 grain; hydrastin, resinoid, ½ grain; two every hour for four doses, and then one every two hours: begin anew each morning of treatment. We have never failed in any case where we gave the oil of erigeron and this tablet in combination. Cotarnin hydrochlorid, 1 grain every two hours, acts promptly in most cases. Ten-grain doses of bromid of potassium, given for a week before the period, every three hours, will often be enuf to save trouble of giving anything else. Thirty drops of fluidextract of cottonroot every three hours is a favorit with southern practicians, and we have used it with satisfaction. Thirty-drop doses of oil of cinnamon, on sugar, every three hours, is quite satisfactory. Stypticin (Merck) is of service in all cases. Consider the possible presence of fibroids, as they may be external or interstitial and not give any evidence in the cavity of the uterus, and yet be the cause of the excessiv bleeding.—ED.]

Perirectal Abscess.

EDITOR MEDICAL WORLD:—Kindly advise me in regard to treatment of this case: Patient, aged 35; male, single; occupation, plantation manager; weight, 170. Digestion and general health perfect. Does not drink or use tobacco in any form. Fifteen months ago, after several days' riding on reaper, cutting oats, had a severe attack of diarrhea, which lasted for several days. Following this, three abscesses (blind fistula?) developt, two on one side and one on the other, about one or one and one-half inches from anus. Were opened and treated by local physicians until January 1st of this year, but failed to heal. Then went to hospital, had them cut out, and came to me to dress and care for wounds.

Under the best treatment I could give, one place healed and the other two continued to discharge pus up to June, when, under a general anesthetic, I opened up and curetted both cavities, each about three inches in depth. Could find no involvment of bone and no connection with rectum. Have been dressing daily since, swabbing out with peroxid, potassium permanganate solution, nitrate of silver, iodin and carbolic acid, packing with iodoform gauze, etc. Have succeeded in getting one place to heal, but the other continues to discharge more or less pus all the time. He has lost two brothers and a sister with tb, but I have been unable, under several microscopic examinations, to find tb germ. Have never found any rise in temperature. Think we can positivly exclude syphilis. Would the bacterial vaccines or phylacogens be of any benefit in this case? How about the injection of bismuth paste? (Give formula.) Have given him KI, iron and arsenic as tonic treatment. F. E. RIGDON, M.D.

Readland, Ark.

[Those of tubercular heredity are prone to suffer from fistula, as well as those who are themselves in the incipient stage. You have not had a thoro enuf operation, and will not get healing. Anesthetize, and cut away sufficient tissue on each side of the fistulous tract to make certain of removing every vestige of the hardened material, and close immediately with deep sutures which insure perfect approximation. Before doing any cutting at all, use the probe and grooved director thoroly; it is very often almost impossible to follow the tract, but it must be followed to the very end if a cure is to result. If it approaches the wall of the rectum closely, it will be best to force the probe thru and make it complete, and then cut directly thru the sphincter. The bacterial vaccines would possibly insure healing, but the vaccine would preferably be autogenous; tho some successes are scored with stock solutions. Radical and complete operation is surest and quickest. Do not consider frittering time away on the bismuth paste in this case. If you want to follow up the investigation of bismuth paste, get "Bismuth Paste in Chronic Suppurations," Beck, publisht by C. V. Mosby Co., St. Louis, Mo., at $2.50.—ED.]

Gleet, Stricture and Venereal Wart.

EDITOR MEDICAL WORLD:—Can you tell me what to do for the following case, and what the name of it is, and cause? Male, 51 years old. Had gonorrhea about 24 years ago; left him with stricture. A years or so after he was cured, a milky discharge came back and has continued more or less ever since. Was married 12 years ago to young woman 18 years his junior, and has had intercourse right along every week (excepting wife's sick time) and she has had perfect health and no sign at all of getting any disease from him. He has to strain to urinate, and semen is slow about discharging.

Now to the point. About one year ago a little pimple came just below meatus, and has grown all along, and now size of a big navy bean and runs

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into the meatus. Is not at all sore, and no pain about it. To look at it, one would think the penis had two openings. Is there danger of it closing the urethra or eye of penis? Patient passes a very small stream now, and with much effort and much burning. Could he have any gonorrhea all these years, and not give to wife? Would you advise breaking up of old stricture at this late day and removal of lump on penis?

Penna. B. J.

[It is not possible to say, from your description, whether the trouble is benign or malignant. The first thought, of course, is cancer; but this may be wrong. He could easily have gonorrhea "all these years," and not produce an infection in his wife which would cause her to seek treatment. Some women acquire a tolerance to the gonococcus without there ever having been an acute attack sufficient to be very noteworthy. She may have passed thru a mild attack soon after her marriage without her knowledge. It is quite possible that he still suffers from a latent gonorrhea. It is certainly advisable to have the growth removed at the earliest possible moment. Submit it to a pathologist for examination and diagnosis as to character and malignancy. After its removal and healing of the lesion, dilate the stricture, if possible, with graduated cold sounds, as advised in any late work on genito-urinary diseases. The growth may be nothing but a "venereal wart" (which is often not venereal at all), and simple excision may banish that part of the trouble, when you will be free to continue curativ measures. His activ sexual life will not be long now, but if there is any malignancy about the growth, its early removal is imperativ, and even the consideration of comfort requires its ablation.—ED.]

Child Does Not Walk.

EDITOR MEDICAL WORLD:—I would like to get some advice, or at least your opinion, on the following case: H. B., 20 months old, never was sick, seemingly in good health from birth, labor was normal, child was nurst by mother and made the average gain. Child has never walkt a step; in fact, never has tried to stand on her feet. You put her beside a chair, but she never tries to get up on her feet. She won't even stand on her mother's lap. She shows considerable strength in her arms if you try to take things from her that she wants to keep, but she won't try to raise herself up by her arms at all. She can slide along on the floor, sliding on her buttocks, but does not crawl. It makes her angry if you try to make her stand on her feet. She generally draws her limbs up to her body to keep from standing on them, altho of late she will put her feet to the floor at times, and even advance her feet forward; but she won't put any weight on them. She eats hearty, sleeps well, and is quite bright, but does not talk much yet, but seems to understand everything. She weighs 24 pounds. I have not found anything abnormal about the child, and am at a loss to explain why she does not walk, or at least try to stand on her feet. I would like to hear from anybody having seen a similar condition.

Sylvan Grove, Kan. OTTO F. DIERKER.

[Some children are slow to make the attempt to walk, and many never crawl, but propel themselves by the method you describe. Those who adopt this method of locomotion are generally slower to walk than those who develop the muscles of the legs to greater degree by crawling. As she seems to have muscular control, as indicated by drawing the legs up, we think you will find that she will walk in time. Her mother should be advised to encourage her to walk by raising her to her feet every time she attempts the sliding motion. If she wants to go after anything, keep her from wriggling to it; place articles she wants beyond her reach, and when she starts for them, set her on her feet, and do not allow her to attain the object by sliding to it. It will probably require some little exercise of patience to teach her to walk, while some children teach themselves, but we think if this care is taken matters will right themselves in time.—ED.]

Postpartum Death.

EDITOR MEDICAL WORLD:—Please give me information on the following case: Was called at 3 a. m. to see Mrs. A., and upon my arrival I found the patient apparently having very hard labor pains. I made a vaginal examination and found a pregnancy existing (this being the first time I had seen patient). There was dilatation of the cervix about the size of a lead pencil, and during a pain the membranes did not push against my finger; also, the uterus was high up in the pelvic cavity, and I could barely touch the head. At this time the pulse was only slightly accelerated; bowels and kidneys had been acting normally.

The patient had nine children and had always given birth very easily and quickly, with the exception of the previous confinement (9th), when, on account of a malpresentation, the delivery was instrumental.

I gave the patient 10 drops of laudanum and informed the husband that the severe pain was due to some other cause, and that delivery would probably be a long while off. About this time the patient askt to be helpt to the chamber, and I was askt to retire from the room, which I did. Returning about five minutes later, I was informed that the membranes had ruptured, and, glancing at the floor, I was astonisht to find about a quart of undiluted blood on the floor and about one-half gallon in the chamber. I hurriedly examined and found the membranes intact, but blood still passing rapidly from the vagina.

I then did a manual digital dilatation of the cervix and ruptured the membranes, and the presenting head stopt the hemorrhage. Uterin contractions were then fairly good, but I administered a dose of pituitrin by hypodermic syringe, and the contractions were immediately improved and delivery was accomplished in about one-half hour without instruments. The patient all this time complained of "smothering" when she would be lying on her back. After delivery of child, hemorrhage begun again, and I delivered the placenta immediately by Credé's method, without difficulty, followed by several large clots; then administered fluidextract of ergot, 1 dram; the uterus contracted nicely and hemorrhage ceased immediately; also the pain. The pulse was fairly good, not very weak, and one and one-half hours later patient was feeling finely—no pain, and the discharge normal. So at this time, after leaving instructions to call

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me immediately if any hemorrhage occurred, I left, intending to return in about six hours; but before leaving, upon inquiry, I found out that the patient had arisen about 1 a. m., suffering slightly from a "colic pain," and, while walking about the room, had "fainted and fell to the floor." Her husband was asleep, and the fall awakened him. The patient did not know if she struck anything in falling or not.

I was hurriedly summoned about two hours later, and on arrival the patient was dead. No more hemorrhage had occurred. She simply told the nurse that she was smothering, and was dead in less than five minutes.

I neglected to state that the child was full term and born dead, having been dead about an hour before delivery; that an examination of the heart before delivery revealed nothing abnormal; also, that I was not told of the fall until after delivery.

Now, there was no placenta previa, and what I want to know is: What caused that hemorrhage? And what caused death? Was hemorrhage caused by partial or total detachment of placenta? And, also, was my treatment and management correct? If it was not, please tell me what was the correct way. GEORGIA.

[Without doubt you have a premature detachment of the placenta, but one cannot say whether partial or complete. Your treatment was entirely correct; however, knowing that she had lost the amount of blood you mention, you should have given her saline infusion and remained longer with her to try to guard against the possibility of the unfortunate result which occurred. It is quite possible, even had you done so, that death might have supervened, despite your efforts. Death may have been due to embolism, as the circumstances surrounding the case indicate. A postmortem examination of the uterus would have shown if concealed hemorrhage had taken place after you left. She could easily have bled to death during a period of relaxation of the uterus without the blood flowing from the vagina. A firm clot in the os could have prevented its exit, and the relaxt uterus could easily hold enuf blood to exsanguinate her, considering the quantity lost prior to birth.—ED.]

Fee Tables.

EDITOR MEDICAL WORLD:—I would be greatly pleased if you would kindly publish in your valuable and highly esteemed medical journal a schedule of medical and surgical fees as used by the profession in the states of Pennsylvania and New York. EDWARD S. WILSON, M.D.
Buffalo, N. Y.

[We have no recent fee tables of these states. Fees vary with the locality. We would be glad to receive some fee table from our readers in these states.—ED.]

Fibrosis of Penis.

EDITOR MEDICAL WORLD:—I have a case in a man—bent penis. It is a gradual curve from his belly out. Age 35. Single. History of gonorrhea about fifteen years ago; no other trouble with it. Gonorrhea only lasted about six months. Healthy every other way except piles, and they don't trouble him any.

He claims that with some women he can have intercourse all right and some he cannot. It turns back. I suppose this is due to high pubic bone. He came to me to do something for it, but I don't know what to do. He seems anxious to have something done, so I am asking you if you know of anything I can do for him.
MISS.

[You do not state whether the curvature is present both in flaccidity and in erection, and this is an essential point. Examin the flaccid penis and see if you can locate areas of hardening. These may vary from the size of a split pea to the size of a large thumb-nail, and are the result of a chronic inflammation of the erectil tissue, its fibrous envelope or corpora cavernosa. The areas of induration may be fibrous, calcareous or even bony. The penis usually curves, in erection, at the point of hardening of the erectil tissue.

If such be found, and they are located very superficially, they may be removed by surgical measures; but one must be very chary of promising any material benefit. If deep, they are best left untoucht, since it is certain the operation will be of no avail. Other treatment has been a total failure, in so far as improvement is concerned. Treatment may prevent the deformity from growing worse, however, and the patient might be interested enuf in the matter to undertake it for that purpose.

Inunctions of mercuric ointment, and the internal administration of colchicum and potassium iodid continued over many months, are the approved drugs used in such cases; but always remember the unfavorable prognosis in considering treatment with your patient. Confidentially, his case is most likely hopeless.—ED.]

Removal of Tattoo Marks.

EDITOR MEDICAL WORLD:—I have a patient with a deep, well-executed tattoo figure on the arm, too large to treat by excision; have not been able to make much impression on the mark by tattooing tannic acid in the arm following by silver nitrate. Would ask if you can inform me where I can get information of some method that will remove the stains without leaving too markt a scar. Patient, a professional ball player, has met several parties who claimed to have had extensiv marks (tattoo) taken out by means of electric needle. C. R. MYRICK.
Uvalde, Texas.

[Electrolysis is efficient if the area to be treated is not too large, but its very efficiency is brought about by destruction of tissue with consequent formation of an eschar. The scar cannot be smaller than the area of tattooing, of course. The needle is attacht to the negativ pole of a battery, and from 2 to 10 milliamperes are employed at various places around the periphery of the tattoo mark, until destructiv action is secured. In a few days a dry superficial eschar forms, which is later thrown off, and a white scar remains. Probably the mark concerned is too large to consider this treatment, when you must take your choice of some chemical irritant sufficiently powerful to cause destruction of the superficial layers of the epidermis. Chromic acid, carbolic acid, acetic acid, tincture of cantharides, potassium hydrate have all been used.

Brault uses 30 grams of chlorid of zinc to 40

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grams of water, and tattoos with solution, moistening the surface slightly with the same solution after the tattooing. The mark left is pinkish and slightly scarred. We regret that there is no other method of removal, since it is probable that none of these will prove so satisfactory as you could wish, if the territory to be treated is at all extensiv.—ED.]

Anesthetics.

EDITOR MEDICAL WORLD:—I desire to make a study of anesthetics. Do you know of any institution that gives special work in this line? What books would you advise? O. B. VAN EPP.

Port Clinton, Ohio.

[Every large hospital now has its own expert anesthetist, who administers the anesthetic in all operations of moment. All schools giving postgraduate instruction are equipt for giving special instruction, and for affording facilities for extended experience in the administration of anesthetics. The positions are filled by men of actual experience, and this experience is gained by taking a man and training him themselves; or, if a position become vacant, and no trained man be available in a given institution, then an outsider is selected. In some of the large cities "pull" has been invoked, and one man is "expert anesthetist" for several hospitals, the institutions arranging operating days or operating hours so that this man can arrange his time to attend the various institutions.

You will get all the information possible to acquire from perusal of such textbooks as "The Modern Hospital," Hornsby-Schmidt, publisht by W. B. Saunders Co., Philadelphia, Pa., containing 632 pages, selling at $7; "Anesthetics," Hewitt, publisht by The Macmillan Co., New York, N. Y., at $4, and containing 611 pages.

After all the reading you can do, and all the instruction you can obtain, it is the actual and practical experience derived from the administration of *all* the anesthetics to many patients, under varying conditions, thru a long period of time, with noteworthy success, that will determin your standing as an "expert anesthetist."—ED.]

What is Palmer's Skin Success?

EDITOR MEDICAL WORLD:—I am writing you for information concerning the preparation known as "Palmer's Skin Success." Does it contain anything injurious to the skin? To what does it owe its bleaching properties? It is used extensivly by colored people as a face bleach. May I look for an answer in your journal? It comes to my desk every month.

Memphis, Tenn. L. V. M.

[We have not been able to learn anything about "Palmer's Skin Success." Covey ("Secrets of Specialists") gives the following as "Palmer's Cosmetic Lotion": "It is said to be a weak (1%) solution of sulfocarbolate of zinc in glycerin and rose-water." If any of our readers know anything about the "skin success," or have any circulars of it, we would be glad to hear about it and to examin the wrappers and other literature.—ED.]

EDITOR MEDICAL WORLD:—The many helpful suggestions in THE MEDICAL WORLD, which help to make it the "best" that comes to my desk, makes it imperativ that I should guarantee its presence among my medical literature for the *next four years*.

Export, Pa. ELLSMER L. PIPER, M.D.

MEDICAL FRAUDS.

Radam's Microbe Killer.

EDITOR MEDICAL WORLD:—Knowing the work you have done against fakes and fakers, I am inclosing you some interesting literature recently received. I was especially amused by the return card on the envelope used. N. B. FORD.

Owasco, N. Y.

[According to "Nostrums and Quackery," Radam's "microbe killer" was shown up in Mr. Adams' "Great American Fraud," and by a report of the Australian Royal Commission. Its formula is there given as follows:

Sulfuric acid	0.59 %
Sulfurous acid	0.016%
Inorganic matter (ash)	0.013%
Water by difference	99.381%

—ED.]

Good Journalism.

Under the editorial flag and, therefore, as its leading editorial, the Chicago *Record-Herald* prints this paragraf:

AN APOLOGY.

The *Herald* desires to apologize to those of its readers who saw in one of its Sunday editions a page advertisement of an alleged catarrh cure. The advertisement found its way into the paper without the knowledge of the editor. As soon as he saw it he killed it. The *Herald* does not want the dirty dollars that come from this kind of advertising.

This is the new spirit in American journalism.—*Collier's.*

CURRENT MEDICAL THOUGHT.

Intrapleural Injections of Epinephrin in Pleurisy.

Wedensky, in *Semaine médicale*, reports a series of about twenty cases of pleurisy in which injections of a 1 to 1,000 solution of epinephrin hydrochlorid into the pleural cavity constantly yielded such favorable results as to lead to his discarding all other methods of treatment in this condition, except surgical intervention where indicated. The amount injected was at first 5 minims and on the four or five succeeding days 3 minims in saline solution. As a result, the temperature would begin to descend on the third day and the effusion be rapidly absorbed, so that by the tenth day the presence of fluid could only with difficulty be demonstrated. In dry and in purulent pleurisy the measure was also employed with benefit. Distinct improvement in the patient's general condition was among the additional favorable effects noted.

The same procedure was tried by Volkova in six cases of pleurisy with effusion, all in children ranging from two to ten years of age. The dose used was at first 2 minims of the solution; this was later increast to 5 minims and in one case even to 8 minims. Rapid absorption of the effusion followed, even in cases where previous exploratory puncture had shown little or no tendency to initiate absorption. In two cases of the series, perhaps because of somewhat excessiv doses, a temporary acceleration of the pulse was witnest under the influence of the epinephrin, together with well-markt diuresis and slight glycosuria.

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Significance of Earache.

Irving Sobotky emphasizes these points: 1. The cause of the earache must be determined. 2. Treatment must be prompt. 3. The patient must be closely watcht for complications (mastoiditis). 4. If complications arise, despite careful treatment, the patient must be immediately referred to an otologist. 5. In repeated attacks of earache, nasal irrigations and violent blowing of the nose must be prohibited. 6. Enlarged tonsils and all adenoid tissue must be removed.—*Boston Med. and Surg. Jour.*

Influencing the Spine by Breathing Exercises.

Mesnard says that the tonic effect of breathing exercises is an important factor in treatment of a spinal affection, but that the direct mechanical effect is even more important. Adenoids or pleural or pulmonary lesions, by obstructing the functioning of the air passages, are liable to induce deformity of the chest and spine. On the other hand, deformity of the latter may interfere with the respiration. Few physicians, he remarks, realize the danger of loss of balance in the trunk as a remote effect of pleurisy in a child, and few appreciate the importance of systematic breathing exercises to restore normal balance after removal of adenoids. The breathing is generally defectiv with scoliosis, and asymmetric, and breathing exercises adapted to correct the asymmetry are often surprisingly useful in aiding in the straightening of the spine. The breathing exercises also help to loosen up the vertebral articulations and restore the normal shape to the chest. The respiration should be of the costal type, and the patient should be trained to this preliminary to the wearing of an orthopedic corset.—*New York Med. Jour.*

A Sidelight on Occupation Neuroses.

Dr. Tom A. Williams, of Washington, D. C., stated at the International Congress of Medicin that a nervous breakdown, supposed to be due to one's work, is traceable very often to mental predispositions which have nothing to do with the work at all. Therefore, compensation for industrial nervous diseases should only be made after a due appreciation of the individual's mental makeup.

For example, a woman who had to count money in the United States treasury ceast to be able to do so, and felt very nervous about it because her head kept turning to the right in spite of herself. Psychologic examination showed that her "neurosis" was caused by the presence of a woman with whom she had quarreled, behind her and to the right. A naval paymaster lost his power of signing checks. It was discovered that this arose from fear of their refusal. He was quickly cured. A conductor of a freight train, after an accident, remained so nervous that he would not resume work. Examination showed that his work was distasteful and he had feared it long before the accident.

Suicide and fugue may depend less upon business troubles than upon a personal cause ascertainable by skilful psychic exploration.

EDITOR MEDICAL WORLD:—Find inclosed my check for $1. Please send THE WORLD to my brother, S. D. Kayler, Graham, Alabama. He has one more year in school. I want him to start right. Your "Business Talks" are great. Send my brother August WORLD.

Akron, Colo. J. W. KAYLER, M.D.

EXAMINATION QUESTIONS.

Kentucky, December 11-13, 1913.

CHEMISTRY.

1. What is the function of oxygen in the body?
2. (*a*) Give formula of common baking soda and common salt. (*b*) What effect, if any, has each upon digestion?
3. Define and give example of (*a*) an acid, (*b*) base, and (*c*) salt.
4. What is meant by specific gravity, and of what value is it in urinalysis? Give normal specific gravity of urin.
5. Define (*a*) ozone, (*b*) chemical affinity, (*c*) reagent, (*d*) volatil, and (*e*) ferment.
6. Give in full a reliable test for (*a*) albumin in urin; (*b*) pus.
7. Give symptoms of arsenic, strychnin and morphin poisoning. Give antidote for each.
8. What are the most common constituents of urinary calculus?
9. What significance has the presence of sugar in urin? Indican?
10. (*a*) Approximately how many elements are there? (*b*) Name five of the most common found in the human body.

Answers.

1. The function of oxygen in the body is to support respiration and combustion.

2. *Baking soda* is monosodic carbonate, NaHCO3. It is said to check the secretion of the gastric and pancreatic juices.

Common salt is sodium chlorid, NaCl. It probably increases the flow of gastric juice, and generally it aids digestion.

3. An *acid* is a compound containing hydrogen and an electronegativ element or radical, part or all of which hydrogen can be exchanged for a metal (or its equivalent) without the formation of a base. *Example,* sulfuric acid, H2SO4. A *base* is a ternary compound capable of entering into double decomposition with an acid to produce a salt and water. *Example,* sodium hydroxid, NaOH. A *salt* is a substance formed by the substitution of a metal (or its equivalent) for part or all of the replaceable hydrogen of an acid. *Example,* monosodic sulfate, NaHSO4; and disodic sulfate, Na2SO4.

4. *Specific gravity* is the weight of a given volume of a substance as compared with the weight of an equal volume of some substance taken as a standard, under like conditions of temperature and pressure.

In *urinalysis* it gives a rough indication of the quantity of total solids. The normal specific gravity is about 1015 to 1025.

5. *Ozone* is an allotropic modification of oxygen; the oxygen is condenst and the ozone molecule contains three atoms of oxygen.

Chemical affinity is the force that binds atoms together to form molecules.

Reagent is something used to bring about a chemical reaction.

Volatil denotes a substance which evaporates at ordinary temperature.

Ferment is a substance which by its mere presence is capable of causing decomposition of organic substances under certain conditions.

6. *Test for albumin in the urin.* "The urin must be perfectly clear. If not so, it is to be filtered, and if this does not render it transparent, it is to be treated with a few drops of magnesia mixture and again filtered."

1. *The heat test:* "The reaction is first observed. If it be acid, the urin is simply heated to near the boiling point. If the urin be neutral or alkalin, it is rendered *faintly* acid by the addition of dilute acetic acid, and heated. If albumin be present, a coagulum is formed, varying in quantity from a faint cloudiness to entire solidification, according to the quantity of albumin present. The coagulum is not redissolved upon the addition of HNO3." (Witthaus' *Essentials of Chemistry.*)

Test for pus. The addition of caustic potash causes the production of a ropy, gelatinous mass.

7. *Symptoms of acute arsenical poisoning.* "They usually begin in from twenty to forty-five minutes. Nausea and faintness. Violent, burning pain in the stomach, which becomes more and more intense, and increases on pressure. Persisting and distressing vomiting of matters, sometimes brown or gray, or streaked with blood, or green (Paris green). Purging. More or less severe cramps in the lower extremities." (Witthaus' *Essentials of Chemistry.*) The antidote in acute arsenical poisoning is a freshly prepared solution of ferric hydroxid.

The *symptoms of poisoning by strychnin* are "a

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sense of suffocation, thirst, tetanic spasms, usually opisthotonos, sometimes emprosthotonos, occasionally vomiting, contraction of the pupils during the spasms, and death, either by asphyxia during a paroxysm, or by exhaustion during a remission. The symptoms appear in from a few minutes to an hour after taking the poison, usually in less than twenty minutes; and death in from five minutes to six hours, usually within two hours."

Treatment: "The convulsions are to be arrested or mitigated by bringing the patient under the influence of chloral or chloroform as rapidly as possible; the stomach is to be washt out, and the patient is to be kept as quiet as possible." (Witthaus' *Essentials of Chemistry.*)

The *symptoms of poisoning by morphin* are as follows: "At first there is usually a period of excitation, markt by restlessness, great physical activity, loquacity and hallucinations. The patient then becomes weary, dull and drowsy; he yields to the desire for sleep, from which at first he may be roused. The lips are livid, the face pale, the pupils contracted, and the surface bathed in perspiration. The condition of somnolence rapidly passes into narcosis. The patient cannot be roused, and lies motionless and senseless, with completely relaxt muscles. The pulse, at first full and strong, becomes feeble, slow, irregular and easily compressible; the respiration slow, shallow, stertorous, and accompanied by mucous râles. The patient rapidly becomes comatose, and, in fatal cases, dies in from forty-five minutes to fifty-six hours, usually in from twelve to eighteen hours. In cases of recovery after the stage of narcosis the pulse and respiration gradually return to the normal, and the condition of coma passes into one of deep sleep, lasting twenty-four to thirty-six hours."

Treatment: "Wash out the stomach with a dilute solution of potassium permanganate, leaving about 500 c.c. in the stomach; and maintain the respiration. In the first or second stage the 'ambulatory treatment' should be adopted to prevent, if possible, the establishment of the third stage. If this stage develop the main reliance is to be placed in maintaining the respiration by artificial methods, until the poison has been eliminated. Strong coffee or caffeïn by the mouth or rectum, are of benefit. The same cannot be said of atropin. The urin should be drawn by the catheter." (Witthaus' *Essentials of Chemistry.*)

8. *The most common constituents of urinary calculus* are: Uric acid, sodium urate, ammonium urate, calcium oxalate, calcium phosfate and triple phosfate.

9. *Sugar in the urin may indicate:* Diabetes mellitus, lesion of the floor of the fourth ventricle, certain disorders of the liver, certain diseases of the brain or nervous system, or the presence of some poison in the body.

Indican in excess denotes: Putrefactiv changes in the intestin or elsewhere, diminisht peristalsis, deficiency of acidity of gastric juice, a gastric ulcer.

10. There are about eighty chemical elements.

Five of the elements most commonly found in the human body are: Carbon, hydrogen, oxygen, nitrogen and chlorin.—*Medical Record.*

(To be continued.)

BOOK REVIEWS.

PHYSICAL TRAINING (JUNIOR COURSE). Swedish Exercises, Games, Swimming, Diving, Life-Saving. By E. John Solano. 311 pages, 99 illustrations. Publisht by The Bobbs-Merrill Co., Indianapolis. Price not stated.

The aim of the text is to suggest "preventiv" and "correctiv" systematic physical exercise combined with activ games and athletic sports which will appeal strongly to children, youths and young adults, and which may be continued thruout childhood and adolescence while the body is plastic. The instruction given may be carried out without any but the most simple gymnastic apparatus. The section on Athletic Sports is notably good, being based on the principle of distribution of the benefits among as large a number as possible and developing a good average degree of skill among all taking part. Physicians can do a vast amount of good by placing this book in the hands of teachers and those interested in the education and development of the young. Those having charge of young people will find this book, in the absence of a qualified instructor of athletics, a safe, easily understood and thoro guide. The dangers of overstrain in athletic sports is strongly presented, and the text is worthy of commendation thruout. There are ten chapters, judiciously spaced, and there is no difficulty in following any of the methods of development, games, life-saving, etc.—A. L. R.

ATMOSPHERIC AIR IN RELATION TO TUBERCULOSIS. By Guy Hinsdale, A.M., M.D., Hot Springs, Va. Smithsonian Miscellaneous Collections, Vol. 63, No. 1, 136 pages, 93 plates. Publisht by Smithsonian Institution, Washington, D. C.

This volume represents the work and investigations of the distinguisht author in this field of medical science and practise and reveals the present standing of our knowledge on the subject. Forests, seas, lakes, rarefied air, comprest air, open-air schools, exercise, etc., are fully considered. The splendid results of fresh air and heliotherapy are described and pictured, many cures being produced by them.—J. C. R.

PRACTICAL BANDAGING, INCLUDING ADHESIV AND PLASTER-OF-PARIS DRESSINGS. By Eldridge L. Eliason, A.B., M.D., Assistant Instructor in Surgery in University of Pennsylvania, etc. 124 pages, 155 original illustrations. Publisht by J. B. Lippincott Co., Philadelphia. Price, $1.50.

The author takes up his subject in a very systematic way and expounds it very thoroly. All the various maneuvers of bandaging are carefully described and illustrated, making the acquisition of the knowledge easy for the student. Both the undergraduate and the physician can use such a book. The sections on the use of adhesiv plaster and plaster of Paris are especially useful. The book is well printed.—J. C. R.

Acknowledgments.

Vesico-Vaginal Fistula and Recto-Vaginal Fistula. By Henry O. Marcy, A.M., M.D., LL.D. Boston, Mass.

The Treatment of "Surgical Tuberculosis" at the Sanatoria on the French Coast and in the Swiss Alps by Heliotherapy. By Guy Hinsdale, M.D., Hot Springs, Va.

A Comparison of the Hydrotherapeutic Methods at Aix-Les-Bains and Virginia Hot Springs. By Guy Hinsdale, A.M., M.D., Hot Springs, Va.

The New York Institute of Science. Publisht by the American Medical Association. Price, 4 cents.

Chronic Intestinal Stasis. By W. S. Bainbridge, M.D., New York.

The Significance of Intra-Abdominal Bands, Folds and Veils. By W. S. Bainbridge, M.D., New York.

Chronic Intestinal Stasis Surgically Considered. By W. S. Bainbridge, M.D., New York.

Obesity Cure Fakes. Publisht by the American Medical Association, 535 N. Dearborn St., Chicago, Ill. Price, 10 cents.

A Study of Factors in Parturition, with Special Reference to Cesarian Section. By Gilbert Fitz-Patrick, Chicago, Ill.

Ichthyol Internally in the Treatment of Psoriasis. By A. Rose, M.D., New York.

Enteroptosia and Its Treatment by Means of the Plaster Belt. By A. Rose, New York.

Report of the Commissioners of Fairmount Park, Philadelphia, for the year 1913.

Sanitary Survey of Indiana Industries Employing Woman Labor. By M. J. White, Surgeon, U. S. P. H. S. Supplement No. 17 to Public Health Reports.

Report of the Committee on Resuscitation from Mine Gases. By W. B. Cannon, George W. Crile, Joseph Erlanger, Yandell Henderson and S. T. Meltzer. Publisht by the Department of Interior, Washington, D. C.; Bureau of Mines; Joseph A. Holmes, Director. Physicians interested in this subject can probably secure a copy of this pamphlet by writing to the above-named department for it.

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TRAVEL TALK *By the Editor, Dr. C. F. Taylor.*

Going Thru Norway.

THE nativs do not say "Norway." To them, their country is *Norge*. Don't pronounce it as you would say George or gorge; it is *Nor'-ga*, with a hard g and a long a. And a nativ is not a "Norwegian," but a *Norsk*. But in our language, of course, we will continue to say Norway and Norwegian.

Here we have another small population, but a large country. The population is about 2,400,000, and the area 124,495 square miles; almost three times the area of Pennsylvania, and less than one-third the population. What would we think of the people of Pennsylvania supporting three kings and three royal families? This thought is startling; but it can be as well applied to Denmark, and to a less degree to Sweden, Holland, and all other small monarchies. However, some call Norway "the freest nation on earth." When Norway broke away from Sweden in 1905, the people deliberately elected a king in preference to establishing a republic. However, the republican sentiment was considerable; but we in our country cannot judge the possible value to a country situated as Norway is, of royal connection to adjacent nations and the other nations of Europe.

There was a time when Norway had 31 kings! That was way back in the dark ages, when life was hard and rude, and before there were any public facilities for transportation. This brings to mind the large meaning of the little word, "public." We had no real "public" until comparativly modern times. The welding together of these 31 kingdoms was a heroic task, the history of which I will not enter into.

Two Norways.

In population, there are two Norways; one here and another in our own dear country. It is sometimes claimed that there are as many Norwegians in our country as in old Norway. I have exhausted every source in reach for information on this subject, and I find that a safe statement is that there are *nearly* as many Norwegians in the United States as in Norway. Some say that we must omit the *children* born of Norwegian parents in the United States; but if we do this we must also omit the children of Norwegian parents in Norway (for they will, very properly, have children wherever they may live), and that will make the comparativ figures about as before. At the exhibition at Christiania I got an estimate that about 600,000 persons are now living in the United States *who have emigrated* from Norway; that is, no account is taken of their children born since they left the old country. Together with this, let us consider the fact that a century ago the total population of Norway was only about 900,000!

Ibsen's grave in Christiania. Just to the right of it is Bjornson's grave. The mallet or hammer on the shaft is an allusion to his poem, "The Miner." "Break me a way to the mountain's heart." I hope he will be forgiven for writing that *awful* drama, "Ghosts," which tries to show the hereditary effects of syphilis, but it is so full of crudities and inconsistencies that I have no patience with it.

Such facts as this demonstrate the golden age we are living in. In a century, 900,000 has grown to 2,400,000, notwithstanding the terrible drain by emigration; and the per capita wealth is now much greater than a century ago—how much greater I have not the figures to show, but I would guess that it is doubled, or trebled, or possibly quadrupled. I have talkt with Norwegians from Iowa and North Dakota who emigrated 30 or 40 years ago, now visiting their nativ country for the first time since their departure, and they are surprised at the im-

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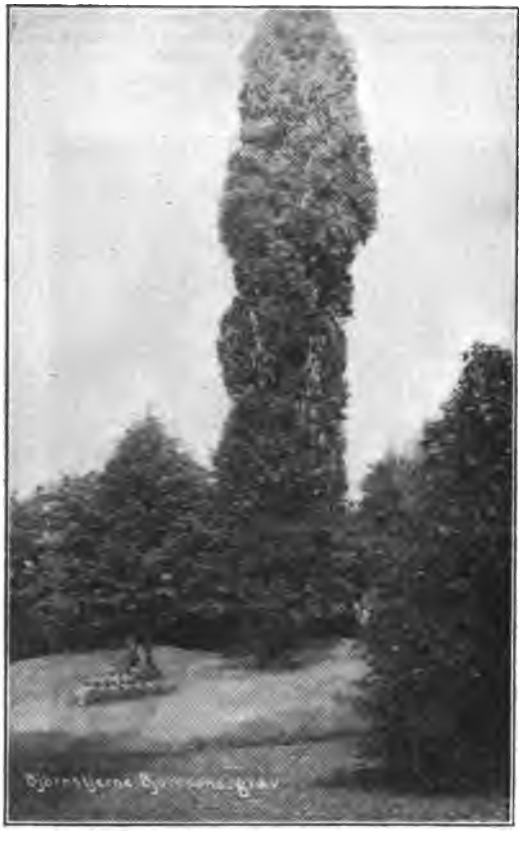
provements in their country and in the improved condition of the people.

While on the subject of population, let me make a remark that I failed to make while speaking of Lubeck early in this trip. In the Hanseatic period (from about the 12th to about the 15th or 16th century), when Lubeck was queen of the Baltic and head of the powerful Hanseatic League, at no time did its population exceed 30,000. Now it is about 80,000 and still growing, and its neighbor, Hamburg, then a minor Hanse town, has become a great city. Surely we live in a golden age, not only as indicated by population, but also by the average



Bjornson's grave in Christiania, markt only by a bed of flowers and a tall tree at the head of the plot. We arrived here just in time to see a company of Boy Scouts from Bergen march around the plot, and as they stood around it their leader delivered an oration at the head of the grave and then placed a wreath upon it.

comfort of the population. Go anywhere in the civilized world and see what the last century has done. We cannot help wondering why the preceding centuries followed one another with so little improvement. I could write all day on this subject, but I must not forget that my subject now is Norway.

Month before last I told you of Denmark. Norway is as different from Denmark as possible, except that the languages of the two countries are closely related, and there *may* be some racial kin. They are both light complexioned, as a rule, but the Danes are of larger build. Norway was united with Denmark, or rather, belonged to Denmark, for four centuries, ending 1814. Then Norway was juggled by other countries (kings were powerful then) and united with Sweden. But Norway did not like it, and promulgated a constitution, the centennial of which is this year being celebrated in Christiania. The Swedish connection was loose, Norway claiming its own parliament (Storthing) and local government, only the two countries had the same king.

The Government of Norway.

In 1905 this connection with Sweden was severed (without a war) and Norway elected a king from the Danish royal family. But the old constitution of 1814 still stands, with modifications which a century has rendered necessary. I had the pleasure of visiting the Storthing in session at Christiania. I could not understand a word that was said, but I could see that it was an orderly and dignified legislativ body, and I could note the kind of men constituting it. I have said that the population of Norway (2,400,000) is less than that of many of our states—less than one-third the population of Pennsylvania; but the Storthing of Norway is far superior to the legislature of Pennsylvania or any state legislature that I have ever seen. Did you ever *see* one of our state legislatures in action? Our system of state legisiation is wrong. Our legislatures are made up almost entirely of men with no legislativ experience, and no preparation for their difficult and responsible duties. Is it any wonder that they are out-generaled and outwitted at every point by skilful and experienced politicians? Most of them are well-meaning and honest enuf, but that does not take the place of preparedness for the task.

Norway claims to be one of the most perfect democracies in the world. All men and women over 25 years of age, who have been at least five years in the country and not paupers, bankrupts nor ex-convicts, may vote; and women as well as men are eligible to the Storthing—tho if there are any women members I did not see them. Norway leads all other European countries in granting political privileges to women. Every member of the Storthing has an alternate, who must attend and act when the member is unable to do so. Sittings must be attended regularly, and every member (or his alternate in his unavoidable absence) must vote on every question. Thus the position is made a responsible one. In case of illness, a free doctor and nurse are provided.

The Storthing divides itself into two houses, an upper and a lower. If a bill sent from the lower to the upper house is rejected a second time, it comes before the full Storthing and becomes law if it receives a two-thirds majority. The king has the power of veto, but I suppose he never uses it; and if he should, it is set at naught if three successiv Storthings support the measure vetoed.

The state railways, telegrafs and telefones are well managed. These public utilities being in the hands of the government, removes many sources of graft and political corruption from which we suffer in our country. Here the matter of government is taken very seriously, and it is considered from the standpoint of the interest of all, rather than being managed as a privilege in the interest of a few. A monarchy can thus be really more of a people's government than some republics are.

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Topography.

Tho Denmark and Norway are both Scandinavian countries, they are as different in their topography as possible, excepting that they are both on the sea. Denmark is low and level—not a mountain in it; Norway is nearly all mountains, breaking into deep valleys toward the sea; the sea coming into these deep valleys forms the fjords, for which Norway is famous. Ships of deep draft steam into these fjords to the very end with safety, with steep cliffs on either side, and in some places it is as deep from the surface of the water to the bottom as from the water level to the top of the dizzy height above. In some places there is a friendly slope at the foot of the cliffs, which is cultivated, mostly for hay. A few valleys are sufficiently broad for what we would call real farming; and in many places a little farm is seen way up on a steep slope and we wonder how the occupants get to and from it. While southern and southeastern Norway are somewhat more kindly than the above general statement, this will give an idea of the general nature of the country, and the struggle for a living that the Norsemen have always had. They were never a military people, like the people of the level countries further south, for they had a constant war against nature at home. However, this fitted them for the most heroic kind of seamanship, in which they made notable records. They discovered and settled Iceland and they discovered Greenland; and historians now generally agree that Leif Erickson, a bold Norse sailor from Stavanger, was the first to discover the eastern coast of North America, in about the 8th century. Iceland and Greenland are still Scandinavian possessions, but Danish instead of Norwegian.

Norway's Centennial Exhibition.

Piqued by the arbitrary transfer of Norway from Denmark to Sweden by other nations in 1814, the national sentiment in Norway was crystallized, and a constitution and home government were establisht. This was the beginning of the present national life in Norway, for the Swedish power in and over Norway was greatly restricted, and finally broken altogether in 1905. It is the centennial of Norway's constitution that they are celebrating this year in Christiania—a very appropriate time to visit Norway. We could not spend as much time at the exhibition as we would have liked, but it was a very creditable exhibition indeed—exceedingly so for such a small population. Significant of the strong link between Norway and our own country, on the 4th of July in one of the largest buildings on the exhibition grounds there was a banquet of 2,900 covers, attended by the king and other officers of state, including the entire Storthing, at which Governor Hanna, of North Dakota, was a prominent guest. I was sorry I did not reach Norway in time to attend it, and give you further details. But a mere mention of the fact is sufficient. Doubtless many visiting Norwegian Americans sat at that table; thousands of them are this year visiting their nativ land. Indicativ of the strong position that the Norwegians have taken in some of our states is the fact that 25% of the farm land in North Dakota is owned by Norwegians. And they are good citizens.

It is difficult to show a fjord in a picture satisfactorily. This is only an attempt to do so. Ocean-going vessels come into this fjord (Nærofjord) and go to the very end, where begins one of the most interesting "dales" (Nærodal) or valleys in Norway. The scene changes constantly as the boat glides along, or as your auto rolls along, climbing to the top of the valley at the end. But "there are others"—many others, with claims just as strong. I cannot picture them—I do not claim to have pictured this one. You must call on your imagination or come and see them.

Scenery.

Tourists come to Norway for the scenery; and no country is richer in that article than Norway. Here my descriptiv powers must fail. I will send

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a few pictures for reproduction in these pages, to give you some idea of how it looks, but it is with the greatest difficulty that I choose what pictures to send. If I were to print dozens of pictures of the most typical of the scenes here, still there would be many other types of scenery not represented. For example, the numerous waterfalls vary from the little silver ribbon coming down a mountain side, or the most delicate lacy "bridal veil" falling over a frowning cliff, to the most powerful and tumultuous roaring cataracts. We see dozens of these varying falls as we drive in the

All waterfalls are similar, yet no two are alike. This is a sample of a Norwegian waterfall, yet no other is like this sample. There are scores much larger and hundreds smaller; many are higher and many not so high. But this well illustrates the wild and picturesque surroundings of Norwegian waterfalls. Many have a graceful beauty, others a heroic ruggedness. Every one has a charming setting that one would never forget were the memory not crowded out by the just but silent claims of hundreds of others.

valleys, and as our boat steams thru the fjords. Few of the falls are named. We do not even count them. Frequently a half dozen falls, small and large, are in sight at the same time as our carriage rolls along at the bottom of the deep valleys, or as we sit on deck gliding thru the fjords.

The distinctiv features of Norway scenery are juxtaposition of mountain and sea, with deep indentations of the sea into the land, and waterfalls. There are high and precipitous cliffs in Colorado, but the sea does not lie at their feet, nor do mountain streams dash over their brims. Switzerland has higher mountains, but no sea, and comparativly few falls. Norway has these things in such profusion that they become commonplace. The satiated soul ceases to thrill from sheer weariness.

Traveling Made Easy.

The enthusiastic traveler wishes to see *all* the beauty spots of Norway. This is not necessary—in fact, it should not be made a task. Bennett's Tourist Bureau, with offices at Christiania, Bergen, Trondhjem and Stavanger, is the proper tourist's refuge in Norway. They know the country, and they serve the traveler's wishes and interests well and on reasonable terms. In fact, their pay does not come from the traveler, but from percentages allowed them by the transportation companies, hotels, etc.—so they assured me. They will make out a trip for you so that you go progressivly from one to another of the best dales and fjords without retracing your steps, and without wearisome waits for boats. Of course, every traveler should study a country before going into it, but even then he needs the advice and guidance of those who know the country, and the Bennetts know Norway. So we had "Bennett" in Christiania to make out our itinerary, making reservations at hotels and on boats, engaging carriages or automobiles at various places, so that our journey seemed "lubricated," everything went along so smoothly, always expected at hotels, etc., our names being sent in advance; and all we had to do was to tear out and deliver the coupons from place to place, all of which had been arranged in proper order in a little book and paid for in a lump sum at Christiania. I never traveled so easily.

What is a Fjord?

A fjord is a deep and abrupt indentation of coast, with steep, precipitous sides. However, that is a very inadequate definition; and the indentation was not done by the sea. The fact is that these deep indentations are the shape of the coast (I will not go into the geology of it) and the sea flows in to its normal level. The main fjords extend many miles inland, broad at the mouth, with rounded rock islands and low rock sides; as it extends inland the shores become higher, and the fjord gradually narrows, particularly as it gives off a branch here and there; and these branches pierce the high land, extending between rock mountains, and these are the most picturesque and celebrated fjords. These branches of the main fjords are the ones that you see in pictures. They are narrow, with high cliffs on each side, waterfalls here and there, and deep enuf for any ship that can venture into such a narrow passage. Steam up one of these narrow fjords until you come to the end, and then a valley begins with precipitous cliffs on each side, a stream at the bottom, and waterfalls here and there, both from the cliffs above and at your feet as the road ascends the valley. The scene changes constantly until you get to the top of the valley, a rise of about 1,000 feet in the frequented places. As I write, I have in my mind the Nærofjord (narrow fjord) and the Nærodal (narrow dale); but it applies equally well to the Flaamsdal with its accompanying fjord, and to many more, but these are the well-known and justly celebrated types. A picture can show only one glimpse of the ever-changing view as one goes up or down these picturesque dales.

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The Midnight Sun.

This unique scene belongs specially to Norway, for no other country possesses equal facilities for showing it. I will tell you why later. Many call it a "wonder"; but it isn't. We know that the sun shines always, and that we can see it only when it shines on our side of the world. We know that it shines every midnight, making midday for the other side of the world. Why is the blessed sun any more of a wonder one time in the 24 hours than another? In fact, midnight is a very unseemly hour for him to show his face to us. It is well that we do not have the sun all the time, for as much as we love old Sol, and as much as we are indebted to him, we need darkness for sleep. I thought all this out before deciding to go as far north as the North Cape, but most tourists catch the midnight sun fever. I didn't, but Mrs. Taylor did, and I wanted to go to the Lofoten Islands, where the precious cod-liver oil comes from, and I could do that on the tourist boat that goes to the North Cape better than in any other way. So we bookt for the regular midnight sun trip. The boats for this trip leave Trondhjem for a journey of one week there and back. In summer the boat (the *Kong Harald*—Harald the Fair Hair was one of the early Norse kings) is given up to the demands of tourists, and she becomes a private yacht for our special service. Stops are made only for our pleasure, no freight is carried nor any commercial purpose served, except the patronage of the nearly 100 happy tourists, nearly half of whom are Americans.

It is an "inside" trip nearly all the way—that is, we are protected from the open sea by a fringe of rocky islands. For this reason seasickness is almost entirely avoided, this doubtless contributing powerfully to the popularity of the trip. The view on each side is distinctly Norwegian—that is, on the mainland side rocky mountains, and on the other side mountain islands. These vary from several hundred to several thousand feet high, snow on many of them, and in some places glaciers extend from the snow fields above down almost to the water. The mountains on each side are sometimes jagged, and assume fantastic shapes, and in the distance either fore or aft are exceedingly picturesque. In any other country a mile of this kind of scenery would be famous; but how about 10 miles? or 50 miles! Can you conceive 100 miles of it? Here we have 700 miles of it (! ! !) from Trondhjem to the North Cape. In one place a group of mountains is called "the Seven Sisters." I don't know why, for there are certainly no less than 7,000 of such "sisters," even grander and more fantastic than these, on this trip. Torghatten is an island rock about 1,500 feet high; 400 feet above sea level there is a natural tunnel thru it—we can see thru it from the steamer; on the return trip the steamer lands and those who wish climb up to the huge hole thru which the sea thundered in some former age. We look and look and look at the kind of scenery that I have tried to describe, mile after mile and hour after hour, any time in the 24 hours that we are awake, for it is light all the time. We can spare what we missed while we were asleep, for there is so much of it, and we must sleep.

A tourist steamer traversing Troldfjord.

We stopt at Tromso, a thriving town of over 7,000 inhabitants. We were surprised to see such a good looking town so far north. We left Trondhjem Thursday evening, and now it is Saturday. We have the first possible chance to see the sun at midnight Saturday night. We have had only clouds and rain since leaving Trondhjem, and the prospect of seeing the midnight sun is always doubtful. Many take this trip and do not see it at all. They say that Kaiser Wilhelm has gone to the Cape in his yacht five times and has not seen it. Many are thus disappointed, for this is a cloudy country. I consoled myself with the fact that I came for *the trip*, and not for the sun, tho

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nearly all come for the midnight sun. We watcht the sky with anxiety. The captain said that the strong north wind made the prospect good. The clouds lifted a little at the horizon and presently the golden rays could be seen on the clouds above the mountain islands. Nine o'clock, 10, 11, and we watcht and hoped. At half past 11 we reacht the mouth of the Lyngenfjord, where an opening of some miles gives us a view out on the open sea, and the golden ball was revealed well above the water. The boat stopt and the orchestra came on deck. We watcht the sun as we never watcht it before. At 12 a cannon was fired, and the entire disc was still above the horizon. Then it began to rise! A day had died in the brilliant sunshine, and another was born at the same instant. It seemed to me that Saturday, July 25th, 1914, had no ending for me, for the sunset *failed*—the day seemed to continue—did continue—into Sunday, July 26th. Many hearts were happy, for the goal had been reacht not only successfully, but 24 hours before it was expected, for the hope was to see the midnight sun at the North Cape. We watcht the sun until we were certain that it was really a sun *rise*, then we went to bed. We had been anxious to see the sun. Now we tried to exclude his rays from our stateroom, in order to sleep.

nor begging—no begging anywhere in Scandinavia that I have seen. Some of our people went to church and spoke well of the service and the singing. I made bold to go into one of the humblest cottages, handing a coin to a child at the door, and I was received kindly by the woman, who readily understood that I wanted to see how they lived. There were two rooms and a little shed; six in the family; everything clean, neat and comfortable. Beds were piled up at one side of the larger room, and these are spread on the floor at night. They had electric lights. The floors were covered with the same kind of rag carpets that we used in Indiana in my childhood. There was a large cooking stove in the smaller room with a grateful warmth, and this room I suppose is their kitchen and dining room. This was one of the poorest houses in town, and in it was cleanliness, taste and comfort. All that I saw of these Norwegian towns of the far north and of the people in them, inspired me with a profound respect for the Norwegian people. On

One of the wild scenes in the north land of Norway.

Town Farthest North.

When we arose at about 9 o'clock Sunday morning, the sun was still shining brightly, and we found ourselves moored at Hammerfest, the most northerly town in the world. We landed and explored this place (population 2,700) with curiosity and interest. It is not a shabby, tumbledown sort of a place, with ragged, dirty people, as one might expect, but it is an attractiv, well-built, well-kept and clean place, and the people are as bright and intelligent-looking and as well drest as you would find in any town of similar size anywhere. Some of the homes are really handsome; and there is no squalor

the return trip we cruised among the Lofoten Islands, which afforded grand scenery and thoughts of the livers of codfish. We landed at Svolvær, the busiest station on the islands, and in going thru the town we saw all the evidences of up-to-date civilization, even a florist's shop!

A Doleful Note.

But our good fortune was not to continue. We left Hammerfest in bright sunshine, but in the afternoon clouds came again and covered the entire sky. The question was, shall we see the midnight sun at North Cape?—that is the object of these North Cape trips. A cold wind blew, the sea got pretty rough, and the clouds grew thicker. Many retired to their staterooms, some for a very personal reason. Early evening found us at the Cape, when the ship got steady again, permitting the unfortunate ones to emerge. Clouds, clouds, clouds everywhere. A mist gathered even at the top of

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the Cape itself. No prospect for sun, but our program was to lie there until 2 a. m. anyway. The ambitious ones landed and climbed to the top of the Cape (1,017 feet) in spite of the clouds, but their view from the top was less than from the bottom, on account of the mist at the top. But beautiful flowers grew in this bleak Arctic region, both at the bottom and on the top of the Cape. Notable among them were *double* buttercups. A few on the boat fisht, and a few fish were caught; but the wise ones went to bed *to get warm*.

The disappointment at the North Cape was relieved of all distressing features by our good fortune the night before. We *had seen* the midnight sun, and that experience could not be taken away from us. The next morning found us in the beautiful Lyngenfjord, which we explored deliberately by the steamer going slowly and close to the wildest and most rugged side. In the afternoon we landed to visit a Lapp encampment, where we saw how these interesting people live, and a herd of reindeer were in an enclosure. Whether or not they had been brought in from the mountain sides for our inspection I do not know, but we inspected them just the same, and many were the snapshots taken. This was a memorable feature of the trip.

Midnight found us again at the mouth of the Lyngenfjord, where we had seen the midnight sun two nights before, and here was another possible chance. We had been watching the clouds anxiously all the evening, but midnight found a bank of clouds directly on the horizon with a clear space above. So at the critical hour of midnight we could not quite see the sun, but at about half past twelve it rose above the cloud; so we had evidence that the sun was there tho we could not actually see it at the supreme moment, and we had a very early and beautiful sunrise. As we had already seen the actual midnight sun two nights before, many liked this pleasing variety, and all voted our quest of the midnight sun a success. Both before midnight and after, the clouds played the part of a divine artist casting marvelous hues and tints over water and mountains, every direction revealing a view of matchless beauty.

The return trip was made interesting by a delightful cruise among the Lofotens and a few stops which I have mentioned, and a very enjoyable "Captain's dinner" the last evening, on which occasion every passenger received an elaborate document signed by our good Captain Arnet that we had crost the Arctic circle and cruised in the Arctic ocean. Every certificate bore the name of the recipient, and also some fancy name given to each; as, Queen of the Lapps; Hunter of the North Cape, etc., in the Norwegian language.

Climate.

Under this head there are many surprises for you. Northern Germany is known to be cold in winter. Denmark has the North Sea on one side and the Baltic on the other, and this modifies the winter temperature. While there I was often told: "We do not have cold winters here. Our winters are about like those in England—seldom snow, which lasts only a day or two, and but little ice." This rather surprised me, for Denmark is pretty far north. Copenhagen is about as far north as Edinburgh; trace the 56th degree of latitude over to the American side of the Atlantic and it will strike somewhere on the Labrador coast, and we know the reputation of the Labrador winters. For the winter climate of Norway, let me quote from Baedeker's guide book, which is standard. Of Molde, a pleasant little town on the coast far north of Denmark, it says: "Tho nearly 3° of latitude north of St. Petersburg, roses abound and some of the houses are overgrown with honeysuckle." This we saw. Two ladies who live in southern California were with us, and we all said that we were reminded of their home.

Trondhjem is still farther north, a city of 45,000 people, one of the old cities of Norway, once its capital; its cathedral is the grandest church in Scandinavia, and the kings are still crowned here. It is in north latitude 63° 25′—same as the south coast of Iceland. Of its climate, Baedeker says: "In summer the climate is like that of the south of England; in winter like that of Dresden. The river is rarely frozen over, the fjord never. Hence the rich vegetation." One day when we were well up toward the North Cape I had a searching talk with the always obliging and courteous Captain Arnet. Now prepare to be amazed when I tell you some of the conversation. I askt: "Does this boat (the *Kong Harald*) lay up in winter? or does it serve some southern route?" He replied: "In winter my route is from Hamburg up the Norwegian coast, around North Cape and then south to the Norwegian ports on the other side and to a few in northern Sweden, 70 stops in all; and *the only place where I encounter ice is at Hamburg, the most southerly point in the route!*" Here I had to catch my breath—indeed, I think I caught hold of the railing to keep from falling with astonishment. Look at a globe or a map of the northern hemisphere and see what this means. You will see that if we were on our side of the Atlantic, we would be well up the Greenland coast in Arctic ice. He explained that absence of ice on the coast of Norway is caused by the gulf stream—that beneficient warmth that *we* give to the coast of northern Europe, and we receive chilling Arctic currents in return; and that is why the northern coast on our side is so cold. He said that the water along the coast of Norway never gets lower than about 39° F.—that is well above freezing, and that is what makes possible these northern towns that I have mentioned. There were cleared places and farmhouses where possible, practically all the way up the northern coast. I pointed to one of these and askt, "How do they live?" The Captain said: "They are all right. They have five meals a day and they are comfortable and contented. The husband is away fishing most of the time, and the rest of the family tend the little farm. They have snow on shore in winter, but it is never very cold." This reminded me of what a nativ of Denmark told me when I was down there. He was raised on a farm, and in response to searching questions he said they always ate five times a day, and never knew what it was to be hungry.

Before leaving this subject of climate I wish to ask you to trace the parallels of latitude on a globe or a map, and realize how favored Norway is in climate, being so far north. Trace the latitude of Copenhagen (about 56°), of Christiania, of Bergen (about 61°) and Trondhjem (about 63½°). All these are important, ice-free ports (the one farthest south, Copenhagen, is occasionally bothered with ice). Trace their line of latitude eastward into interior Russia and there you will find the severest of winters. Trace the lines westward and you will strike the coast of Labrador; and the northern lines mentioned above will strike Iceland, the coast of Greenland and thru its cap of perpetual ice into British America, where it is too cold for civilization. Yet 600 and 700 miles *further north* along the

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coast of Norway there are prosperous and comfortable towns, and the ports are ice free all the year! Just think for a few minutes of this remarkable fact. The gulf stream is a "warm tongue" extending into the north Atlantic and Arctic oceans, far north of the Arctic circle, bathing the coast of Norway, without which, civilization in the northern part of that country would be impossible. The North Cape parallel goes thru about the middle of Greenland, almost entirely north of British America and grazes the northern extremity of Alaska.

Industries.

I have intimated that this seemingly ill-favored country is increasing in population and prosperity. I must tell you why. The excellent fisheries along this northern coast have always been and still are an important asset. I suppose the warm gulf stream brings the abundant fish to this northern coast. The profits from the fisheries almost doubled from 1901 to 1910; and since that date I suppose the profits have still been increasing. This increase was due more to the improvement in preparing and marketing the fish than in increase of the catch. For example, the marketing of fish in tins, as sardines, has greatly increast the value of the product. Norway now exports fishery products to the value of nearly $30,000,000 annually.

Agriculture can never be important in a country like Norway. Of the entire area, only 3½% is improved land. Mountain grazing land constitutes another 7½%. The rest is timber or barren rock—largely the latter. Yet they raise most of what they consume and export some condenst milk and butter. But they have to import large amounts of cereals, mostly from America, I guess—I saw considerable American flour unloaded from the boats.

Norway is not a coal country; but in recent years it has been realized that Norway has "white coal" in profuse abundance, which has been going to waste for centuries. If you stand beside one of the many roaring waterfalls you will understand what this means. "White coal"—white power—the dashing white cataracts that Norway is now learning to harness and put to service. The first extensiv use it was put to was in the manufacture of wood pulp (cellulose) and paper from the abundant timber here. This is still an important and growing industry.

But there is one industry here to which I wish to call your particular attention, tho it is in its infancy. First, I must tell you that the problem of artificially inducing the nitrogen of the air to form chemical combinations has engaged the attention of chemists for many years. Think what that would mean. The larger part of atmospheric air is nitrogen; and f we could combine it cheaply we would have a fertilizer that would enormously increase the yield of every acre of land tilled. The nitrate of soda deposits are the wealth of Chile, South America. Nature happened to store niter there in abundance, and it is shipt to all parts of the world. But everywhere nitrogen is abundant in the air we breathe, if we could only combine it. I had heard of success being attained in Norway by electrical power, and I intended to look it up while here. By good fortune I met Mr. I. A. Bretteville, an electrical engineer, a gentleman who has been connected with this development from the start. It would require too much space to give you the details of our conversation, but it was to the effect that they have made a commercial success of their venture; they have powerful plants now at work, and they are adding to their power and capacity constantly by harnessing new falls. Cheap and abundant power is necessary to success; hence the development here in Norway. They make nitrate of *calcium* mostly, instead of nitrate of soda, for fertilizing purposes, and many other nitrogen combinations for various purposes. This is an industry limited only by the power available, and Norway has plenty going to waste. The supply of air can never be exhausted, and the market for these products is world-wide and limitless. This seems to promise a great future for Norway.

The sources of Norwegian wealth to send to the markets of the world are the sea, the forests, and the falls. Doubtless the sea will continue to yield its fish in these waters as plentifully as during centuries past. The government is beginning to give attention to the conservation of the forests; but much timber can be gotten cheaply and easily from Sweden and Russia, if the home supply should ever run short. There is plenty of water power still going to waste, but the government is beginning a wholesome supervision, and the falls are beginning to be a source of some income to the state. So it can be said that the prospects of Norway were never better than now. From 1901 to 1910 the exports of Norway rose from 165 million kroner to 289 million kroner (the value of a kroner is about 27½ cents). This growth has doubtless continued since 1910, and there is every prospect that this prosperity will increase. We rode one day with an interesting young fellow who had been in America for several years and just returned. At Odda he lookt up some of his friends who were then working in the works there. They were getting good wages and constant work. He did not think he could do better in America. This is a straw that indicates that the industrial wind is blowing favorably to Norway.

Another source of increasing revenue is the shipping interests. The Norwegians were always at home on the sea, and their ships carry a surprising amount of the commerce of the world. And then there are the tourists—they bring to the country over $5,000,000 annually, and it is probably increasing.

Grouping of Farm Buildings.

I told you of my inspection of farm buildings in Schleswig. In Denmark the farm buildings are arranged around a hollow square or court, but they seldom or never join at the corners. There is frequently a small yard with possibly flowers and shrubs in front of the farmhouse. But the back door opens into this open court, the other three sides of which are buildings for horses, cows, pigs, farm implements, wagons, carriages, etc., and possibly a workshop. While a Schleswig farmer has all under the same roof, as I explained, a Danish farmer has them usually under four separate roofs, but the three outside buildings are all handy to his back door. I examined several perfect types in Denmark, the best being only eight years old, and I was told that the farm buildings are arranged exactly that way all over Denmark, tho now there is a slight tendency in some places to put the farmyard and its buildings a little further from the dwelling. In going by rail from Copenhagen to Christiania I passed thru a part of southern Sweden and a part of southern Norway. Immediately upon entering these countries we noticed a different grouping. Farms lookt like American farms, the barns and other farm buildings being about as

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far from the dwelling as in America, and many fine large red barns. We jumpt to the conclusion that this idea had been introduced from America; and I carried this idea with me until I noted, in the back districts, old barns, covered with sod roofs, located a similar distance from old dwellings.

I did not see a straw-thatcht roof in Norway; but I must tell you about the sod roofs, which I have never seen anywhere else, but which seem to have formerly been the universal roof used in Norway, and they are still very common in the rural districts. The building is first covered with birch bark, then this is covered by a mossy sod, flat rocks being placed along the edges, to keep the bark from warping, I suppose. They say these roofs are very durable, lasting 50 or 60 years; tho it seems to me that the bark would rot in a much shorter time. Grass and daisies and other flowers grow merrily on these roofs, and sometimes we saw a small tree on a roof.

In Denmark, hay is piled up in little piles in the fields and meadows, are a constant feature in the rural landscape in the summer season.

Wind Power vs *Water Power.*

In connection with the waterfalls of Norway, allow me to mention the *wind* of Denmark. Being a level country with the North Sea on one side and the Baltic on the other, Denmark has plenty of wind. Windmills are quite common, but possibly not so plentiful as in Holland. But scientists there are at work developing a practical way to store electricity, which they are now confident of doing, and then the wind of Denmark will be harnest and put to work. Dr. Ottisen told me that in his opinion this opened a prospect for Denmark having the cheapest power in the world. Will Denmark's wind become a competitor of Norway's waterfalls in the production of cheap power?

Retrospect.

Do I wish to come again next year? No. I

This picture shows one of the sod roofs—somewhat dilapidated at one end.

field until it is taken in, just as our American farmers do. But in Norway, the hay is hung on racks immediately after being cut, and here it hangs until it is convenient for the farmer to take it in. I understand that this is necessary because of the frequent rains and much cloudy weather. It would be in danger of rotting if piled on the ground. These racks are from four to five feet high, usually made of poles or slight posts planted in the ground about twelve feet apart, with small ropes stretching from post to post. The first rope is about a foot and a half from the ground, the next a foot or a foot and a half above that, and so on to the top. The hay is shaken out and spread upon the first rope until it has about all it can carry, and then on the next, and the next, to the top. Thus the hay is kept off the ground, and it is held so the air can circulate thru it thoroly. It sheds the rain, and dries soon after a rain. These hay racks loaded with hay, extending across the

want to be where it is not so cold. Besides, foreign travel is not easy. This is the country for scenery; but I don't think I will ever go very far again to see a waterfall. And we have had so much rugged scenery here that I would enjoy a view of broad acres of waving grain again, which we have all over our country. I have gotten what I came to Norway for, and I am satisfied. I don't want it again. While here I have deliberately forgotten the soft climate, the music, the art and many delights of Italy, France and southern Germany. Here we have nature only, in its stern and rugged beauty. There we have nature in milder aspect, and many other things besides. A comparison is not fair to either, so I will pursue it no further. I will never forget the midnight sun, tho before I saw it I thought those who cared for it were foolish. It is a sublime spectacle. As to scenery, we all like it; but too much Norway scenery in a few weeks is likely to make one feel like little Johnny felt after

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he ate too much candy because he liked it. That is a compliment to Norway, but not to Johnny. It means that one should not go thru Norway too rapidly. We were compelled to do so in order to reach Trondhjem in time for the last trip of the season of the *Kong Harald* to the North Cape to view the midnight sun. Our calculations were to do Norway more deliberately, but we were delayed in Denmark too long. Now we go by rail from Trondhjem to Stockholm, a ride of 24 hours, which we will break at night in order to see the long stretch of Swedish landscape by day. Our railroad fare will be about $8 each—about half what such a journey would be in America. There is a difference between using railroads for the service of the people, and in millionaire rascals using them for such robbery as is revealed in the New Haven railroad scandal.

About 17 miles east of Trondhjem, directly on our route, is a Norwegian town named Hell. I hope I shall get thru and beyond it safely.

Germany and the War.

My first editorial in October WORLD on the cause of the war has attracted a great deal of attention. It has been praised very highly, but some of my pro-German friends think I am prejudiced against Germany. I wish to assure them that this is not true. In fact, my reading has been chiefly on the German side; and I must confess, that when my mind pictures the horrible slaughter of which we must read every day, my sympathies go out to the *Germans* in the ranks. I don't know why, but it is true. So if my mind were governed by my heart, I would be as pro-German as any of my correspondents. And because my German friends think me prejudiced against Germany, I will give attention here only to pro-German communications, selecting representativ letters.

The following is the first paragraf from the first letter I received, which is self-explanatory. It came from Dr. G. W. Geyer, 5632 Chester Ave., Phila.:

SEPTEMBER 28, 1914.

"DR. C. F. TAYLOR:—The next WORLD has not yet arrived, but I see in this morning's *North American* your criticism of Germany, which I cannot let go unanswered. I am four generations removed from Germany; I don't know how many you are from England; but this war is proving that blood will stick."

I replied briefly as follows:

SEPTEMBER 29, 1914.

"DEAR DOCTOR:—Your letter was received last evening and read with interest. I am removed from Germany to about the same extent that you are; but I do not allow that to influence my judgments. You have not read the entire editorial in THE MEDICAL WORLD. When you do so you may wish to write further. If not, I will then answer your letter in further detail."

The letter is quite long, and much of it is devoted to Belgium and France and not to the original cause, to which I wish to confine this discussion. The following paragrafs relate more or less directly to the causes:

"That the Servian question was the match to the oil is true, but a close perusal of some events will show the Triple Entente was preparing to strike the blow.

"The naval mobilization at Spithead in June, together with Poincaire's visit to St. Petersburg in July are two suspicious circumstances that cannot lightly be thrown aside.

"The most convincing fact of the whole thing lies in Italy's attitude. She dodges her duty to Germany on the ground that the Alliance was and is a defensiv agreement. Grant that she is right. Then the Kaiser knew he could not depend on Italy in a war of aggression, and to say that he started this war, in the face of such odds and England's navy against him is not giving him credit for having common sense.

"Now look at the Triple Entente. Who formed it, and started it? France and Russia? Oh, no. Edward VII and the master minds behind him. Why? Earl Grey says nothing about the defensiv nature of the Entente. It was a pure case of isolation, so that Germany would be alone when the proper moment came to strike.

"And the mobilization at Spithead, the visit of Poincaire to St. Petersburg, and the refusal of France to properly reply to Germany's note showed that 'the day' had arrived.

"All these various excuses for the war are mere subterfuge, the fundamental cause lies in the formation of the Triple Alliance and Triple Entente.

"And as the Triple Entente was the more powerful, she, to use a street expression, 'forced the fighting.'"

Here is a clear admission that the Servian question was "the match to the oil." Why was not this lighted match stampt out before the oil caught on fire? Germany stood in the way, hence the conflagration. That is the point. Some claim that it couldn't have been done even with Germany's co-operation. How do they know? They do not, cannot know. Why did not Germany consent at least to try? Did she want the oil to catch fire? If not, why did she not consent to join Italy, France and England in at least trying to put out the match?

"The naval mobilization at Spithead." Germany and other countries have naval mobilizations whenever they want them. And that was in June; and war did not begin till August, and then it was begun by Germany.

"Poincaire's visit to St. Petersburg in July." Visits of rulers of one European country to another country are by no means unusual. Why should this visit cause disturbance? The worst I ever heard about it is that it was then planned to fight in 1916. Germany could have used that time well for strengthening her finances. But, on the contrary, it is urged by many that the war was *forced upon Germany now.* I can't see it that way. Germany was the first to declare and the first to begin war. But she had made a strong bid for British neutrality and evidently expected it. She also tried to secure French neutrality. She evidently expected to take her "enemies" one at a time!

And the Triple Entente is condemned and blamed. Germany was the first to make such alliances, the Triple Alliance having been formed years ago by Bismarck. And Dr. Geyer thinks it was wrong for other countries to follow Germany's example and form other alliances! And the Triple Entente *did not* "force the fighting." Germany did that from the first, and is still doing it, and a mighty good job of it, too. If "isolation" was the wicked purpose of the Triple Entente, why did not Germany get busy making *friends* instead of enemies, and get in it, too? England and France became friends after centuries of bitterness. Why did not Germany do some friend-making? How do we judge a family that has the enmity of all its neighbors?

Later Dr. Geyer sent another long letter, but it contains nothing new on the point in question except:

"Austria proclaimed her intentions in Servia were not for territory. That eliminates your charge of Austria seeking a southeastern port."

Dr. Geyer, if you had read the diplomatic correspondence you would know that this point was amply covered. It is possible for a stronger state to reduce a weaker one to a state of vassalage and yet *take no territory.* The powers would have been willing that Austria should get all reasonable satisfaction (would have aided her in doing so), but not to the extent of destroying Servia as an independent nation. Right here is the important point. Germany said no to this plan, hence the conflagration—inevitable as a lighted match to oil. The duty of all was to join in putting out the match. This Germany would not do; and thus she assumed a fearful responsibility.

(Continued over next leaf.)

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VOL. XXXII DECEMBER, 1914 No. 12

The Respiratory Diseases.

The season of colds, bronchitis, pleurisy and pneumonia is now with us and we take pleasure in presenting two symposiums on these conditions to our readers. The writers of the articles are men of experience, used to recording the results of their experience, and capable of distinguishing cause and effect. Altogether we are enabled to supply our readers, by means of these contributions, a very extensiv view of these important subjects.

Careful study of the articles will show many points of agreement among the writers. For instance, with very remarkable unanimity several of our writers, in different words and by different routes, show the relation between the condition of the skin and the results of overheating by clothing and fire and the catching of cold. Doctors Mitchell and Rommel, as a consequence, recommend cool or cold bathing as a means of treatment, Doctor Hitschler advises lighter underwear, while Doctor Page is radical enuf to discountenance absolutely the wearing of underclothing and cites cases in support of his contention. As a result of our experience with this kind of treatment we would caution the profession against advising *all* their patients to be radical in these methods. Those accustomed to outdoor life might be able to discontinue wearing underclothing, but very likely the great majority will not be able to do so. Patients accustomed to wearing woolen underwear have tender skins and they must be gradually inured to the cold and chilling resulting from wearing lighter and lessened clothing. Any too sudden change is likely to cause a severe reaction, and possibly produce one of the diseases we are endeavoring to prevent. The effects of cool air on the skin seem to be identical with that of cool water, as told by Doctors Page and Rommel. In this connection read our editorial on heliotherapy on pages 432 and 433 of the November WORLD and the article on the same subject in our next issue.

As a whole, the writings on this part of the subject point to the fact that these diseases are to some—perhaps a great—extent due to what we might call the luxuries of civilization. Hence a little more "roughing it" in our life would be a benefit rather than a hardship.

In still another line of treatment we find two of our writers recommending veratrum thruout the course of pneumonia, Doctor Servoss, a regular physician, and Doctor Shane, a homeopath. To a very large extent Doctors Servoss and Shane agree in their treatment. This virtually proves the closeness of the two so-called "schools" in the practical part of medicin. A careful study and comparison of these two articles will well repay our readers.

A third point is the agreement of several writers as to the beneficent effects of bac-

terins in the treatment of pneumonia, Doctors Servoss, Williams and Waugh. Our own experience supports this attitude. Efforts are now being made to prepare an antitoxin for pneumonia in a manner similar to the production of diphtheria antitoxin. The Rockefeller Institute in New York is at present engaged in this work. Dr. Rufus Cole, of that institute, detailed the work and the results to the Philadelphia Pediatric Society on November 10th. They have classified the pneumococcus into four groups. At the present time they are able to produce an antitoxin that will immunize against a fatal dose of two groups of the pneumococcus, but the other two groups have thus far proved unconquerable by antitoxin. They are continuing the work and hope for ultimate success. So that at present the bacterin treatment has first call, the antitoxin treatment still being in its infancy.

Doctor Williams gives solid reasons for laboratory or bacteriologic diagnosis in pulmonary affections. While up to the present time such opportunity has not been availed of frequently, it is undoubtedly destined to be made use of much more frequently in the future.

A very careful study of these articles and these diseases is of prime importance at this season of the year. Much that is here presented will fit in well with the hygienic, dietetic, prophylactic, drug and bacterin treatment that we have been using heretofore, and will enable us to treat our patients afflicted with these ailments better than ever.

Removing One Source of Trouble in Systemic Disease.

The present-day habits of civilized beings are not conduciv to the best health attainable by the human family. Sedentary life, overeating, irregular mealtimes, insufficient mastication, insufficiently cookt food, hasty eating, insufficient oxygenation of the blood, irregular sleeping hours, sudden changes of temperature from cold to hot and hot to cold, chilling of the body when overheated, etc., reduce the vitality to a remarkable degree.

A great majority of the patients in the large cities, as a result of the conditions mentioned, are sufferers with indigestion, and as a consequence are afflicted with constipation. The absorption of fecal toxins is so great that headaches are frequent and prolonged. Drowsiness, want of ambition, tendency to various ailments, etc., add to the already weakened state and the patients really go from bad to worse, each added trouble further loading down the impoisoned system almost to the danger point. Sometimes, indeed, quite to that point.

While a complete change of environment and habits would be the best thing possible for such patients, such is absolutely impossible in a great many instances, if not in all. Hence the next best thing must be done.

One of the first things to be accomplisht is to clean out the intestinal canal thoroly. At this time of the year, when patients are afflicted with colds in all varieties, undoubtedly much stress must be laid on the inactiv state of the bowels. The patient poisoned with fecal toxins unquestionably is more susceptible to colds and pneumonia than one free from such poisons. It can be universally assumed that careful and efficient purging will serve an excellent purpose in removing a source of lowered vitality in these acute conditions due to cold.

Therefore, one of the first things to do is to see that the patient gets a complete evacuation of the bowels and that his bowels are kept cleaned out. The mere statement of the patient that he has had a daily bowel movement is not sufficient, for the bowels may be full of fecal matter and yet permit the daily passage of a small amount that has gotten down to the rectum, the greater part remaining above it. We all have met these cases frequently.

A City Ordinance Against Narcotic Sale.

The widespread sale of narcotics thruout this country is in sad need of a restraining hand. For more than a year and a half there have been strenuous efforts made to pass a law thru Congress that would answer this beneficent purpose so far as Congress can do so. Many times have we thought that the efforts of our profession and the well-intentioned members of the pharmaceutic profession would succeed, and we have several times almost heralded its passage, but there has always been some barrier that has blockt its way. Even now it is hoped that the National Antinarcotic Bill will be passed soon after the assembling of Congress in December, but any number of delays may occur. Meanwhile the terrible traffic in narcotic drugs goes on.

Our readers are familiar with the reports of such that we have heretofore printed in THE WORLD. Similar to the one

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we copied from the *Evening Ledger* of Philadelphia and publisht in the October WORLD, page 395, is the story in the Pittsburgh *Despatch* of October 22d, sent us by Dr. Edwin H. Moore. In Pittsburgh, however, unlike Philadelphia, there was promptly written an ordinance to control the sale of the drug. Dr. Moore writes as follows:

EDITOR MEDICAL WORLD:—In view of the trap the druggists have been laying for the physician I inclose an article from to-day's (October 22d) Pittsburgh *Despatch*. If such laws could be enacted in all cities and towns, with the addition that it was a misdemeanor to refill any prescription (in view of the fact that the condition of the patient may have changed in the meantime) it would be a good thing, and stop the robbery of business from men who are prepared and licensed to practise medicin. I believe it would be well to copy this article, or, at least, part of it.

E. H. MOORE.

613 Sandusky St., Pittsburgh, Pa.

The following is the clipping:

The Councilmanic Committee on Public Safety yesterday afternoon affirmed the Dillinger ordinance regulating the sale of narcotic drugs after listening to the story of Mrs. Sadie E. Walters, of Marion Street, who told of the ruin of her son. The incident was one of the most dramatic in the history of municipal legislation.

The ordinance provides that narcotic drugs shall not be sold at retail except upon the prescription of a licensed physician and that prescriptions cannot be refilled. Violations of the ordinance are punishable by a fine of $50 or 30 days in jail. Observation of the case of young Walters and similar cases led Dr. Dillinger to introduce the bill. Mrs. Walters told the following story:

"My son, Edward Walters, aged 19, has been a victim of heroin for the last two years. We thought at first he had tuberculosis and his case was so pronounced by doctors, but we have found that he is a victim of heroin and cigarets. We sent him to Cresson, and while he was there a certain person sent heroin and cigarets to him by mail. While he was there he pickt the lock of a medicin chest to get heroin. We then received letters from the authorities at Cresson, and I have the letters here, stating that Edward did not have consumption, but that he must be broken from the heroin and cigaret habit.

Fears for Her Life.

"He is at home now and I am afraid to stay in the house with him. I was not afraid before, but the drug has got such a hold on him that I fear for my life. It is easy to obtain the drug here in the city, for I have investigated for myself. Reputable druggists do not sell the drug promiscuously, but there are others—low, despicable creatures—who sell without prescription or even a question. I have here, and you can see for yourself, a bottle of heroin that I bought to-day from a downtown druggist without a prescription and without even being askt my name and address.

"I do not know whether District Attorney Jackson is trying to avoid me or not. I have visited his office repeatedly and have been told on each occasion that he is out of the city. Why, even children in the schools use this drug and are becoming its slave. Youths, men of middle age and elderly men use the drug, and its ill effects are to be seen everywhere. It was this I wanted to report.

"It was maddening. First they were indifferent, then defiant and finally abusiv. On my last visit I was ordered to leave, and when I refused to do so two six-foot detectivs attempted to pick me up in my chair and place me in the corridor outside of the office. I am afraid to go before the aldermen. I am afraid of them all, they are so crooked. There is one drunken man, an alderman, whom I have tried to go before, but have failed.

Pleads for Assurance.

"You must do something for me. Do it now while I am here. Tell me that I can go to bed to-night with the assurance that the work has been started to stop the promiscuous sale without restriction of this drug that has done so much to ruin my home. My son's health has failed. His eyes are bad. Something must be done. Let me see the ink dry upon a paper that will blot out this evil."

All of the Councilmen, the Mayor, Director Charles S. Hubbard and Civilian Aid Archibald Mackrell sat silent while the woman recited her story. At times she became almost hysterical, and her tears flowed freely. She had with her another son, Arthur Walters, who, she said, would make a plea for his brother, but the committee did not require his evidence to act on the bill.

Yes, we think every legislativ body should enact such a law. We have been working hard to get the National Antinarcotic Bill passed, expecting to give attention to state and local bills later. The ordinance above referred to is much superior to the one passed in Little Rock, Ark., judging from the clipping we read and mentioned in the October WORLD, page 395. It might be a good plan for the physicians, thru their local societies, to have introduced and passed thru their local town or city council an ordinance restricting the sale of narcotics on the lines of the Pittsburgh ordinance stated above.

The Massachusetts Narcotic Law.

Among the recent activities in state legislation to control the indiscriminate sale of narcotics is the passage of a bill of this nature by the Massachusetts legislature. The following is a synopsis of the bill.

The law will go into effect on January 1, 1915, and affects opium, heroin, morphin, codein, cannabis indica, cannabis sativa, their preparations and salts.

The following are entirely exempted from this law: (*a.*) Prescriptions, preparations and remedies containing not more than ¼ grain of morphin, 2 grains of opium, ¼ grain of heroin, 1 grain of codein, ½ grain of extract of cannabis indica, ½ grain of extract of cannabis sativa or any salt or compound of any of them in one fluidounce, or, if a solid or a semisolid preparation, to the avoirdupois ounce.

(*b.*) Liniments, ointments or other preparations which are prepared for external use only.

(*c.*) Preparations which are sold in good faith for diarrhea, cholera or neuralgia and do not contain more than 6 grains of opium or ¾ grain of morphin to each fluidounce, or, if a solid or a semisolid preparation, to the avoirdupois ounce.

(*d.*) Dover's powder. (*e.*) Veterinary preparations containing not more than 10 grains of opium or 1¼ grains of morphin to each fluid-

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ounce, or, if a solid or semisolid preparation, to the avoirdupois ounce.

(*f.*) Compound medicinal tablets, pills or powders containing not over 1/20 grain of morphin or ¼ grain of codein or any of their salts, except heroin, to each pill, powder or tablet.

Provided that such preparations, remedies or prescriptions are sold, distributed, given away or dispenst in good faith as medicins and not for the purpose of evading the provisions of the act.

Sales may only be made by means of written orders, which must contain the following information: (*a.*) The name of the article or articles ordered. (*b.*) The date of the order. (*c.*) The written signature of the authorized buyer. There are no official order blanks issued by the state authorities. All such orders must be kept on file and open to inspection by the various authorities. There is no limit to the quantity that may be bought, sold or possest.

It is unlawful for retail druggists to sell, furnish, give away or deliver any of the restricted drugs except upon the written prescription or written order of a registered physician, dentist or veterinary surgeon, bearing the name of the physician, dentist or veterinary surgeon giving it. The date of each filling must be shown on the prescription. No prescription may be refilled except upon the order of the prescriber given in person or in writing. Prescriptions must be retained on file two years, shall not be copied except for purposes of record and must be open to inspection by the authorities.

Every physician, veterinarian or dentist must keep a record in a suitable book of the names and addresses of *all patients* to whom he dispenses narcotics, excepting the exempted preparations mentioned above. No special book is prescribed for this record. Physicians are permitted to treat *habitués,* even to the extent of administering such remedies when necessary.

We do not present this as a model state law on the subject, but merely to inform the profession what is being done along that line. We hope to be able to present a model state law in our January issue, prepared by those best informed concerning this great need.

Pay the Doctor First.

It seems always to have been the fate of the doctor to be first called and last paid in a great many instances. Naturally the first thought of the sick is to send for the doctor. He is recognized as a good friend, which, indeed, he is.

He is very much appreciated thruout the illness, and everybody likes him. He seems to have made a number of friends. This pleases him very much. Prospects look bright, indeed, particularly to a young doctor or one just recently located.

After the illness is past the doctor graciously and considerately withholds his bill for a little while, to enable the family to recover their financial stability. Meanwhile many other events happen in the family existence and the former grave illness and the doctor's careful and regular attendance gradually fade into the background.

So, when the doctor's bill does arrive, it seems to be too large! When the person was ailing no amount of money was too great to pay for the recovery of the sick person, but *after* the recovery things are changed. What would we not give for the life of father or mother, husband or wife, daughter or son when we saw the loved one lying next to death's door?

This is not an unusual instance. Mankind in a great many ways is the same everywhere and has been for ages. We improve psychologically only by imperceptible degrees, and are prone to carry with us down the ages certain attributes of character. This attitude toward the doctor's bill seems to be one of them.

It will require a very wide propaganda to change the views of humanity in this respect. We are glad to see such an awakening beginning, for we find the following in the editorial page of *The Ladies' Home Journal* for November, 1914:

When some one dear to us becomes ill during the night we cannot get to the telefone quick enuf and ask the doctor to come "at once." And as we wait for him to dress and reach our house we pass anxious moments and wish that doctors never slept and could always be at our call. Then when he has allayed the suffering and quieted our alarm we are very quick to forget how anxiously we wanted him and how the minutes of his coming seemed like hours. And when his bill comes for the service rendered we have forgotten it entirely! This goes on constantly in hundreds of homes thruout the country, and the doctors and their families are put to it, owing to the slow pay of their patients, to meet their domestic bills! It is a case of first in illness, but last in pay. No other professional man has so great a number of bills owed to him as has the doctor, and no single fact in our domestic financing is so thoroly reflectiv of our selfishness and forgetfulness as this. If the bill of any man is entitled to first consideration and pay at our hands it is that of the doctor!

It is a great source of satisfaction to note that the broad-minded editor of *The Ladies' Home Journal* appreciates this state of affairs and asks the millions of readers of his paper to pay their doctor first.

To remove iodin stains from bacteriologic instruments or the hands a strong solution of hyposulfite of soda is good and effectiv. The solution should be quite strong, and after its application the solution should be rinsed off with warm water and the stained article dried well.

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BUSINESS TALK TO DOCTORS

This month closes 1914, a year that began promisingly, and continued for seven months one of the most prosperous and satisfactory years that history had ever recorded; but at the beginning of the eighth month of this fateful year the foundations of civilization seemed to crumble; and what has occurred since August 1st makes 1914 the most disastrous year in the world's history. Think of the business conditions of millions in Europe! The fruits of frugality, good collections, careful investments, etc., have been ruthlessly swept away by the war demon. Doctors, farmers and all classes are suffering alike.

The actual war is several thousands of miles away from us, yet we have felt the pinch and are likely to feel more of it. Yet if we are cool and wise we will get thru all right. Values have been shaken, but they will come back. The thing to do now is to steer carefully and safely. Your individual financial problems are your chief interest. Don't contract any debts. Debt is a great load in uncertain times. Discharge any old debts as fast as you can, and make no new ones.

Be wary of investments in these times. Keep your surplus in money in bank at bank interest. You do not know when some very unusual opportunity may present itself, due to some one's pressing need. If you have ready money in bank, you will be ever ready to take advantage of such opportunity. If such opportunity does not come, so much the better for the other fellow, and your money is good to you any time and all the time, if you will only be careful and not lose it.

Collections.

Take care of your collections and they will take care of you. December is the best collection month. Get your efforts in early before the spare money is spent for Christmas. Tell them that *you* want some Christmas money; and later, tell them that it is important that you close your books with the year, and accounts should be settled for such closing. What you can't get in money, get in the form of promissory notes. The latter bear interest. And a few weeks before they are due leave them at your local bank for collection. In making notes specify therein that they are payable at a certain bank. The bank is open every day, while the doctor may be detained from his office all of any day. There are many reasons why the notes should be made payable at your bank.

I have frequently gone over the details and processes of collecting. I think repeating at this time unnecessary. Of course, bills for services during any month should be sent on the first day of the following month, and statements of accounts that have been billed should be sent every month. A polite letter soliciting payment should be sent with statements. Some simply write "Please remit" on the statement. A polite letter is in better form. Follow-up letters are necessary in many instances. We have printed in this department many form letters for this purpose. It may pay you to employ a local collector for a short time occasionally.

Do these things at once, for we may have a long winter and we know not what other things may occur in addition to cold weather. Close this dreadful year of 1914 in as good financial condition as you can; and then look out for 1915. We know not what it may bring forth.

THE MEDICAL MONTH.

It has been computed that in modern warfare it costs $15,000 to kill a man. In the Boer War it cost $40,000; in the recent Balkan War, $10,000. In Panama, Gorgas *saved* life at $2.43 "per"; and in the South the pestilential hookworm disease is cured at something less than $0.78. The Panama Canal could never have been constructed by dead men. The work of Gorgas was absolutely necessary to the success of the enterprise. Yet his work cost only 5% of the cost of the canal!

The German Red Cross has equipt twenty-four hospital trains, each with dining car, four physicians, thirty-six attendants, bookkeeper and porter, and beds for 320 wounded. Nearly all the trains are in use and have rendered excellent service.

In addition to American Red Cross staff physicians many American doctors are volunteers in the hospitals of the belligerents and are stationed in all parts of Europe.

Major M. A. W. Shockley, M.C., U.S.A., becomes inspector of militia of Michigan, Ohio, Kentucky and West Virginia.

A telegram from Petrograd announces that commissions as generals in the Russian medical service have been given to the two senior surgeons of the American Red Cross units assigned to service in Russia, while the four junior surgeons have been commissioned as colonels in the medical corps. The units have been assigned to duty at Kiev.

The *Pennsylvania Medical Journal* appeared, October, 1914, with enlarged size and number of pages. It shows the rapid growth of the organized profession of the Keystone State.

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Presbyterian Hospital, Chicago, receives one-third of the estate of Thomas Murdoch, Chicago, which was appraised at nearly $4,000,000, after the payment of specific legacies.

The new $1,000,000 Barnes Hospital of St. Louis, Mo., affiiliated with Washington University there, was dedicated October 27th.

Bronze tablets have been set into the walls of Johns Hopkins Hospital, Baltimore, Md., in honor of its illustrious deceast physicians.

McGill University will grant degrees to all fourth-year students who enlist with the Canadian expeditionary forces before the conclusion of the present college term. First, second and third year students will be given credit for full term's academic work; and on their return will be admitted to the class immediately above.

Asiatic plague has not yet disappeared from New Orleans, infrequent cases and deaths being reported at times. Fully 100,000 rats have been dispatcht to date, among which were fully 200 infected specimens.

A new $200,000 hospital at Upland, a Chester suburb of Philadelphia, is provided for in the will of the late Walter J. Crozier, of this neighborhood.

The present foot-and-mouth epidemic among cattle in middle and eastern U. S. A. is most widespread and virulent on record.

On November 9th, Emperor Yoshihito gave $25,000 toward the foundation of St. Luke's International Hospital at Tokio. The substantial imperial support, it is stated there, assures the success of the undertaking, which will cost about $500,000.

A contribution of $1,000 from John A. Roebling, Bernardsville, N. J., has been received by the Red Cross for maintenance of an American Red Cross hospital for the care of the wounded in Munich.

Thoro meat inspection, thru energetic action of Veterinarian Oscar Schreck, has become a burning question in New Haven, Conn. All success to his efforts.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about $250, will be made on July 14, 1915.

Oklahoma distributes free diphtheria antitoxin to the poor thru the pharmacies.

The French soldier carries along tablets of potassium permanganate and of sodium hypophosfite to sterilize water for drinking when on activ service.

New York City authorities insist that dogs must be muzzled or held in the leash. It is full time for a nation-wide campaign to thus stop hydrophobia, the present sickly "anti" sentiment to the contrary notwithstanding.

Investigators in the U. S. Department of Agriculture have found that the process of bottling pasteurized milk while still hot has several advantages which make it seem probable that this method would prove both economical and efficacious and a commercial success. By it milk may be pasteurized, bottled hot, capt with ordinary cardboard caps, and cooled by a blast of cold air economically and with very satisfactory bacterial reductions.

It has been demonstrated by experiments which have been made in Denmark and Germany that pasteurization of milk will serve as a safeguard against contagion from the foot-and-mouth disease just as readily as it does against typhoid fever. Simple directions for pasteurizing milk at home are contained in Circular 127, which will be sent free on application to the U. S. Department of Agriculture, Washington, D. C.

Septic sore throat is now reportable in New York City.

The present epidemic of infantil paralysis in Vermont, which has been running for weeks, exceeds that of any previous outbreak of the disease there in number of cases and mortality rate. One hundred and forty cases have been reported since August 15th. The mortality in the state has been about 20%. The area affected is a large one. The disease is especially prevalent in the northern part of the state.

Illness among workers annually involves a loss of $750,000,000 in the United States. This statement was made in Chicago, Ill., October 14th, by Dr. J. W. Schereschewsky, surgeon in the United States Health Service, while addressing the National Council of Industrial Safety.

The North Carolina State Laboratory of Hygiene had a heavy demand for free antityphoid vaccination during the summer. During the early part of the summer, the demand exceeded the power of the laboratory to supply it. Arrangements for increasing the output have been made.

Venereal and other quacks find a harvest among recruits in European armies. Let America's organized profession prepare in time against such a contingency.

THE WORLD has already briefly referred to the new effort to deliver Palestine from the ravages of malaria and trachoma and make the Holy Land a healthful place. The work was initiated two and a half years ago by Nathan Straus, the New York philanthropist, by a department of health for Palestine, with headquarters at Jerusalem, by nonsectarian soup kitchens to feed the hungry, a small industrial school to teach the young how to earn a living, the support of an art school, and in particular toward improving the water cisterns, which used to be the main cause of breeding malaria. The following year he establisht in Jerusalem, in conjunction with the German organization, a Pasteur institute for protection against rabies. He also sent nurses to co-operate with the health department in combating the eye diseases that cause so much blindness in Palestine. Later the Hamburg, Germany, Institute for Marine and Tropical Diseases became interested in the work, along with the Society of Jewish Physicians and Scientists for Sanitary Interests in Palestine. Important progress has been made, particularly in the fight against malaria and eye diseases, as shown by increast attendance at the schools. And the instruction given in hygienic methods of living has had a markt effect upon the health of the people. It is to be hoped that the war will not destroy this good work.

Due to drought and floods, famine rages in Central China. The loss of human and animal life is appalling. The American Red Cross has taken up relief measures. Happily the floods are becoming smaller every year, since the Chinese are diking their rivers.

Now we shall have another howl from the "anti" sickly sentimentalists who care more for their rabies-breeding curs than for human beings, as one of the enactments to be urged upon the next

legislature will be a law based upon a recommendation from the State Board of Health that New Jersey adopt stringent regulations regarding dogs looking to the stamping out of hydrophobia. Rabies is on the increase in the state, altho deaths are small, due to pasteurization.

Berlin doctors owning cars are to receive gasoline from the supplying company there, an evidence of shortage, apparently.

A fund for the benefit of the physicians of devastated Belgium is being collected by *American Medicine,* 18 East 41st St., New York City, to which contributions may be sent.

No cattle with foot-and-mouth disease are being slaughtered in federally inspected establishments. Thoro cooking will render uninspected meat from local slaughter houses thoroly safe. The disease when contracted by adults is not at all a serious illness. It commonly takes the form of slight fever sores in the mouth and a slight eruption on the fingers. In the case of small or sickly children, it may take a more serious form, especially if complicated by other illnesses.

At the silver jubilee celebration at Johns Hopkins Hospital at Baltimore, October 8th, the announcement was made by Dr. Simon Flexner of the discovery of new information about infantil paralysis. He has definitly succeeded in transmitting the disease to monkeys with the micro-organism which was the cause of the disease. The fact that he had at last succeeded in transmitting the disease by means of this micro-organism proved beyond doubt that he had isolated the germ. He also said that he had found it possible to see the cell clearly under a microscope of high power. He believed that the disease was transmitted thru the respiratory channels rather than by insects, as some have held, and advanced the theory that perfectly healthy persons often carried the germs in their bodies and infected children.

Alfred Hegar, the distinguisht professor of obstetrics and gynecology at the University of Freiburg, Germany, has just died in his 85th year. He was the founder of modern operativ gynecology, the Germans claim.

The public health service in Porto Rico states that the mortality last year for the island was only 18.6 per thousand, a saving of 5,832 lives annually since 1911, when the service was organized.

Dr. G. Vianna, assistant at the Oswaldo Cruz Institute for Infectious Diseases at Rio de Janeiro and author of the successful method of treating infection with species of *Leishmania* by intravenous injection of tartar emetic, has succumbed to infection professionally acquired, aged 30.

Contrary to erroneous reports, the four-year fees at the Iowa State University Medical School are $60, $50, $50 and $60. These are half the previous figures mistakenly publisht.

The hot season, which is also the rainy season, begins in Vera Cruz in May or June and lasts until the end of September, and as the season advances the tendency is for the death and morbidity rates for all diseases to increase, due to the heat itself, and the rapid increase in the amount of malaria; yet thanks to the effectiv work of our sanatoriums, this year is an exception, in that the civil death-rate for July has been practically no greater than for June, in which month it was lower than the average.

At the closing session, held in London, July 31st, the Clinical Congress of Surgeons of North America elected the following officers: President, Dr. Charles H. Mayo, Rochester, Minn.; first vice-president, Dr. H. A. Bruce, Toronto; second vice-president, Dr. Robert L. Dickinson, Brooklyn, N. Y.; secretary, Dr. Franklin H. Martin, Chicago; treasurer, Dr. Allen B. Kanavel, Chicago; general manager, A. D. Ballou, Chicago.

The conference of physicians in the U. S. Indian Service, held at the Fort Lapwai Indian Sanatorium, Idaho, June 23d to 25th, last, adjourned to meet next year in Denver, Colorado.

Without making public their motivs, the Board of Visitors of the University of Virginia, at a meeting February 18th, voted against the merging of the medical department of the university with the Medical College of Virginia. It is announced that this action defeats the hope of getting the proposed endowment from the Carnegie Foundation for the Advancement of Learning, which was dependent upon there being but one medical school in Virginia.

Previous to 1899 there was no Army Medical Corps in Canada, each regiment having its own medical officers. At the present there is an organized system of 700 medical officers and 1,800 non-commissioned officers and men.

As most surgical forceps and scissors come from Germany and the factories are closed there, it is time for our American dealers to manufacture independently.

The efforts of Philadelphia to enforce its new law providing for the proper care of the eyes of babies at birth calls attention to the fact that the similar law in Wisconsin, of which the Philadelphia statute is a copy, has in the four years of its enforcement been the cause of a notable saving of the eyesight of children. The cases of blindness from birth since the law came to be generally enforced has decreased to only 15% of the former totals, and in many instances the cases of blindness have been due to violation of the law by inexperienced midwives.

Widening the area of its geographic distribution, three deaths from pellagra, two of inmates of the New Hampshire Hospital for the Insane and the other of a resident of Penacook, have been reported to the state bureau of vital statistics, the first from that disease to be reported in the state of New Hampshire.

The annual meeting of the American Association for Study and Prevention of Infant Mortality will be held at Boston, Mass., November 12th to 14th, 1914. A wide range of papers and clinics have been arranged.

Hereafter, instead of committing delinquent children directly to an institution, the courts of Ohio will commit them to the Board of Administration. They will be detained in a special department, to be known as the Bureau of Juvenile Research, until their mental and physical condition shall have been determined to a certainty. Then they will be committed to proper institutions for treatment.

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ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles to be accepted must be contributed to this journal *only*. The editors are not responsible for views exprest by contributors.

Copy must be received on or before the twelfth of the month for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Symposium on Treatment of Colds

Acute Nasal Colds.

EDITOR MEDICAL WORLD:—The term "common colds" is rather comprehensive. The question of the treatment of common colds would be much more easily answered if we could have a precise definition of this term. The term "cold" is just about as indefinite as headache or fever. A rhinitis may be called a cold; a nasal sinusitis may be called a cold; an inflammation of the lymphatic tissue in the epipharynx may be called a cold; yet no one could say that the treatment for one would necessarily be the proper treatment for the other. Who can tell where rhinitis ends and where nasal sinusitis begins?

It is questionable whether we can have a simple rhinitis without some involvement of the nasal sinuses. This is easily understood when we consider the anatomical relations which exist between the nasal fossæ and the accessory sinuses. The mucous membrane of the one is continuous with the mucous membrane of the other; and in several portions of the nose the two layers of mucous membrane are in immediate contact. Moreover the mucous membrane of the nose is continuous with that of the middle ear through the Eustachian tube, and with the conjunctiva through the naso-lachrymal duct. Secondary ear and eye involvement is far from uncommon, especially in children.

The whole question of the treatment of nasal colds revolves itself in great part around the question of drainage; drainage not only of the nasal fossæ, but also of the nasal sinuses and the middle ear. All other things being equal, including the degree of virulence of infection, that patient with a cold will get well much sooner whose drainage is good. One of our objects, then, in treating colds is to establish good drainage and ventilation. The obstructions to drainage may be organic or they may be due to excessive swelling of the turbinated bodies. Under the head of obstructions may be mentioned deviations of the nasal septum, ridges and spurs, hypertrophies, swelling of the mucous membrane (especially near the outlets of the nasal sinuses), excessive secretion and general narrowing of the nasal meati and fossæ.

It is evident that the organic obstructions will not yield to any but operative treatment, but this would be contra-indicated in acute conditions. Our object, then, would be to decrease the obstructions due to inflammation, and to apply such local and constitutional remedies as are indicated. The rational method of treating the obstructions due to nasal inflammation consists, first, in local applications to the parts affected. Without the aid of a head mirror and proper nasal instruments, local applications are not advisable. Very much harm is done to the nose by improper instrumentation; and proper instrumentation depends upon an accurate knowledge of the anatomy of the nose. If the anatomy of the nose did not vary in different individuals, the proposition would be a simpler one; but the anatomy of the nose does vary, and probably to a greater extent than any other portion of the human anatomy.

In order to institute local treatment from the standpoint of the general practitioner, it is perhaps wiser, if we cannot do the best thing, to do the best thing we can. The first essential is to open the nasal fossæ in order that good drainage may be secured. There are several means of accomplishing this. The introduction of a solution of adrenalin (or some other equally effective preparation of the suprarenal gland), into the nostrils, with the patient in a recumbent position, will usually accomplish this purpose. An ordinary medicine dropper is the only instrument necessary. The solution should be warmed before using, and care should be exercised that the mucous membrane of the nose is not injured by the dropper. After an interval of from three to five minutes the patient should be instructed to gently blow the nose, ***both sides at once***. Should obstruction still be present, the dose of adrenalin may be repeated. Should the nasal fossæ then be patulous, the nose may be syringed in order to remove the secretions present. For this purpose a

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soft rubber nasal douche is the only instrument necessary. The patient should lean forward with the head in an almost horizontal position, and the solution, always warmed, gently injected into the *less open* of the two nostrils. The stream should be directed in a line rather lower than midway between the bridge of the nose and the floor. No force should be used in the injection. The patient should be instructed to keep the mouth open and to hold his breath during the passage of the liquid from one side of the nose to the other.

The solution to be used is a question of some importance. From time immemorial highly alkaline solutions have been recommended. They seem, however, to be too excoriating. It is true that they will dissolve secretion more quickly, but they will *also* dissolve the *normal* mucus quickly, and the latter is the very thing that we do not wish to do. We want to remove excessive secretion, but the mucus of the nose is Nature's protective to the mucous membrane; and the less of that mucus removed, the better. Even a plain saline solution is somewhat drying. One made of equal parts of a saturated solution of boric acid and normal salt solution is of great service. After the nasal fossæ have been cleansed, a spray of a very weak solution of cocaine and antipyrin may be used. This is best accomplished with an atomizer. The solution should be warm, and the stream of the atomizer, with not more than eight or ten pounds' pressure, should be directed past the mucous membrane, and not at it. This implies the use of the head mirror and nasal speculum, and cannot be carried out by the patient himself. The nasal mucous membrane is often injured by a misdirected stream from an atomizer; and unless used in the proper manner, the atomizer often does as much harm as good. After an interval of a few minutes, a solution of argyrol, twenty or twenty-five per cent., may be applied directly to the nasal mucosa. The applicator used for this purpose should be delicate and exceedingly pliable; the application, with the aid of the head mirror and speculum, should be made with the greatest gentleness. It should cause no discomfort at all to the patient. Finally, an oil should be sprayed into the nose, containing, say, two grains each of camphor and menthol to the ounce of Russian white oil. This acts as a protective to the mucous membrane, and takes the place of the normal mucus which has been more or less removed by the previous washing. When the sinuses are involved, the applications to the nose should be made only by one having the requisite degree of skill.

A so-called nasal cold may be due entirely to an inflammation of the lymphatic tissue in the epipharynx. Local applications here belong to the domain of the rhinologist.

In cleansing the nose a post-nasal syringe is preferable to the anterior douche mentioned above; but unless the necessary skill is employed in its use, it may be very discomforting to the patient. The reason for having both nasal fossæ open in douching the nose is to prevent the return stream from entering the middle ear, and so possibly set up an otitis media; and it is for this same reason that the anterior nasal douche should be applied to the less open side of the nose.

It is obvious that organic obstructions cannot be removed by the above treatment. It is often the case that the organic obstruction exists only on one side. In such patients the anterior douche should always be introduced upon that side.

A great many patients will not consider their physician performing his proper duty unless he gives them some local treatment at home. Most of such home treatment is more or less pernicious. Innumerable cases of acute inflammation of the middle ear have been caused by self-treatment; but as the patient demands of his physician some measures which may be employed at home, it may be wise to write a prescription for the menthol, camphor and Russian oil solution mentioned above, with instructions for the patient to warm it and place five or six drops in each nostril once or twice daily.

It is rarely that we see a case in the first or dry stage of a nasal cold. Usually the nose is secreting. When the secretion is thin and watery, there is no necessity for nasal douching. Here the internal administration of atropin is very useful. It should be pushed to its physiological limit, whatever that dose may be. It varies with the individual patient. When the secretion becomes thicker—muco-purulent—the douching mentioned above should be employed.

Concerning the systemic treatment, in addition to the use of atropin, the time-honored measures, such as sweating, mild purging, and a restricted diet are of service.

From a prophylactic standpoint, overeating, loss of proper rest, improper clothing

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(especially heavy underwear), are all factors which play their part.

In children, especially those of tender age, hypertrophy of the pharyngeal tonsil (adenoids) is usually the cause of head colds and earaches. Particular care must be exercised in treating such cases; the douching requires a technique all its own to avoid a very likely infection of the middle ears. Removal of the adenoids at the proper time is of inestimable benefit.

WILLIAM A. HITSCHLER, M.D.
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Treatment of Acute Catarrhal Rhinitis.

(Commonly Known as Cold in the Head.)

EDITOR MEDICAL WORLD:—This may be prophylactic, abortiv or palliativ. Most of the patients who do consult the physician for cold in the head do so because they are sufferers from an intermittent or continual series of such attacks. As a rule, the patients know the disease is self-limited, that in a large proportion of cases serious complications do not occur, and they run risks by attending to their usual duties without any special treatment.

Care of the Skin.

Meat should be eaten sparingly. Daily exercises and proper care of the eliminating organs (this includes daily regulation of the bowels and bathing) are necessary. Not every patient may be led to jump into a tub of cold water on rising, but every patient should go over the surface of the body daily with water, beginning with tepid and gradually lowering the temperature of the water. The bath should always be taken in a warm room and always in the morning. Rubbers should not be worn except in wet or slushy weather, for, being airtight, they prevent evaporation from the feet and elimination of the waste material. Chest protectors or heavy furs should not be worn, unless they be immediately removed on coming in from the cold. The same weight underwear should be worn the year round, the outer clothing varying to suit the season. All rooms and sleeping apartments should be sufficiently ventilated to insure the proper amount of fresh air. A brisk walk with deep breathing should be indulged in daily. The gymnasium can be dispenst with by employing a few forms of muscular exercises at home. The patient should abstain from the excessiv use of tobacco and alcohol.

Abortiv Treatment.

In some instances it is possible to abort an ordinary cold in the head, but the efficiency of the treatment depends upon its early employment. At the beginning in individuals who consent to remain in bed or within doors for several days, by taking a hot mustard footbath and a hot lemonade with 10 grains of Dover's powder, sweating is induced. A saline cathartic should be administered the following morning. The internal administration of extract of belladonna, grain ⅛, every 2 or 3 hours, or atropin, 1/120 grain, until cessation of coryza ensues, will be found of considerable benefit. Quinin in doses of 2 to 5 grains three times a day is useful in shortening the attack. A Turkish bath has always enjoyed a high reputation for aborting coryza, providing the patient remains indoors for some time.

Palliativ Treatment.

Palliativ treatment consists of the thoro flushing out of the nares with some warm alkalin solution. Normal salt solution is as good as any. By such remedies the excess of secretion is removed from the nasal passages and conditions are set up favoring a return to the normal.

For the temporary relief of the turgescence of the mucous membrane a local application of a 2% cocain in a 1 to 5000 solution of adrenalin chlorid in the form of a spray is recommended. Unfortunately this medication in some patients causes severe sneezing and aggravates the coryza. In these it should not be employed. Frequent sufferers with coryza should never be given cocain solutions to be used at their own discretion. After the tissues have contracted and the secretions have become scant it is advisable to spray the mucous membrane with some form of oily medicament. Thus:

℞ Mentholis.....gr. j
Olei cassiæ,
Olei gaultheriæ āā.....*m* ij
Liq. albolene, q. s.....℥ j

M. Sig.:—Use as a spray or inject 3 drops in each nostril with a medicin dropper 4 or 5 times a day.

The oil produces a soothing effect upon the mucous membrane and also tends to counteract the irritation of the skin surrounding the nose caused by the discharge.

At all times the secretions from the nose

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and nasopharynx should frequently be washt away, care being taken to advise patients to avoid forcible blowing of the nose, an act which is liable to force infection into the Eustachian tubes.

E. K. MITCHELL, M.D.
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Treatment of Common Colds.

EDITOR MEDICAL WORLD:—In reply to your request on page 439 of November WORLD, concerning treatment of common colds, I wish to contribute the following (not too scientific) effectiv remedy for the acute stage.

First Day.—If there is headache, roll patient in wet sheet, cover with plenty of blankets, give "migraine tablets," followed by a cup of *hot* water (sweetened, if preferred) every half hour till relieved. After free diaphoresis is effected, rub patient dry with warm towels and commence with the following: Give juice of 1 lemon, 1 tablespoonful Epsom salt, enuf *hot* water to dissolve salts, and follow with more lemon juice and sugar to overcome disagreeable taste of salts. Repeat hourly till bowels become very activ, then discontinue, and when all desire to stool has ceast give 5 to 10 grains of quinin sulfate, followed by a little hot water, and put patient to bed. If there is no headache, the "migraine tablets" may be omitted.

Second and Subsequent Days.—Give enuf Epsom salt, one hour before breakfast, to cause one or two watery movements of bowels during forenoon. At bedtime give 2 to 5 grains of quinin sulfate. Continue these remedies daily till all symptoms subside.

L. GUY RAMALEY, M.D.
Guthrie, Okla.

"Colds" a Filth Disease: the Name Misleading.

EDITOR MEDICAL WORLD:—Whoever knew of an attack of any acute disease that was not ushered in by "a cold"? A cold! And what is it, or what causes it? Certainly neither wet nor cold, nor any such exposure; else Peary, as near the North Pole as he could get—near enuf to freeze off seven of his ten toes—would have contracted the disease directly; but we have Mrs. Peary's record to the effect that none of them up there ever had any "colds" so long as they were "half frozen"; but, on reaching any cozy shelter, and remaining indoors any length of time, with provisions plenty, "we all had colds," she remarks!

"I owe you a debt of gratitude for your colds theory," wrote a prominent New York banker who had printed a large edition of my article in the January, 1884, issue of the *Popular Science Monthly*, to distribute among his friends "as a missionary tract," as he put it, the title of the paper being, "Catching Cold." The theory in brief, is that there is practically no such thing, that the term is a complete misnomer, as much as it would be to call a mouse an elephant, or a cooking range a piano. But what would we, as a profession, do without our chief scapegoat when our patients, after apparent improvement, from forced feeding and drug stimulation, suffer a relapse? What would our skin-sweltered, stomach-bulldozed, coddled and over "careful" fellow-citizens do if they couldn't account for their various physical disturbances in the regular way? "Caught cold somehow"!

"Should the right theory ever be discovered, it will solve many riddles," wrote Emerson. "How is it, doctor, that I always get a severe cold every fall when I put on my winter flannels?" askt a consultant, a man of 60 years. My explanation appealed to his common sense, and instead of changing his flannels that fall, he shed his summer underwear, and from that time on till he died, past 80, he wore no inner suit at all. Thirty-odd years ago the present writer seemed doomed to follow his mother and his younger brother and sister into a consumptiv's grave. He was wearing the heaviest of all-wool flannels, and it was on one February morning in Maine that he drest without them. Not a fiber of underwear has he ever worn since that blessed day, and now, at 74, he is regarded by experts (life insurance examiners, for example) as a phenomenally healthy and robust man, and he knows himself to be that.

An uncle and two brothers of mine went to Australia in 1852, all well supplied with woolen underwear as a safeguard against "climatic fever"! But they all had it, and my elder brother died of it before the right remedy was found. My uncle chanced to consult a level-headed old nativ doctor, who lookt him over, and finally advised him to "hedge" on his rum and tobacco, and he wound up with, "but if you'll take off and keep off them d——d flannels you'll come out all right!" He took the advice, as did his nephew, also, and altho he returned to Maine some years later, he never resumed the use of any sort of underwear.

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He died at the age of 82 from some kidney disease, after a remarkable record of vigorous health up till the time of his final and rather brief sickness. The other non-flanneled relativ, my brother, lived to be 65, dying finally from apoplexy.

Wise old Ben Franklin never said a wiser thing than when he declared that "colds" resulted neither from cold nor wet, but from causes entirely independent of them. (See his "Essays," p. 216.)

It is my belief that the right understanding of this colds question, and its rational application, would lower the death-rate in any community 50% at least. Its misunderstanding is chiefly responsible for all of our epidemics of grip, pneumonia, scarlet fever, measles, etc. In a sense it is true enuf that unseasonably warm weather is in a way responsible for the serious conditions often observed at such times; but it is by no means explained on the ground that the warm weather induces many to be neglectful "of the ordinary precautions against taking cold." Far from that, indeed, for the true reason for the furious crop of "colds" is quite the reverse of that.

The best prophylactic against the disease —for it is, in truth, a filth disease, and the first stage of all the recognized filth diseases —is to *keep cool*. But as most people put on their winter flannels at the first touch of cold weather, or by the calendar, regardless of the weather, and also wear their top-coats, "for looks," no matter how hot, sticky and mean they feel in three suits of clothes outdoors, and two suits in, tho in warm rooms they would be absolutely comfortable and more wholesomely drest in a South Sea Islander's girdle. Drest as they are, I am saying, they can't keep cool in warm weather, nor in warm houses, offices, theaters, etc., at any season. Hence it is that they are steadily accumulating foul waste thruout the organism, for under such conditions they cannot even digest the usual amount of food, and that, of course, means indigestion; fermenting, putrefying food substances; and, consequently, auto-toxemia, true blood-poisoning from the absorption of putrescence from the alimentary tract. Who can imagine a more natural and certain cause of disease, the outcropping of which may take any one of the forms above mentioned, or, indeed, almost any other, as typhoid fever, arthritis, etc., depending upon the individual diathesis.

In midwinter, 1912–13, Assistant Surgeon General Rucker, of the United States Public Health Department, Washington, D. C., announced his "cure" for colds; and the associated press put it thru all the principal papers in this country, to this effect: "If people, when they found a cold coming on, would go to their rooms, open the windows, and let the winds blow over them, stript, they would find their 'cold' leaving them very promptly!" It so happened that about that time President Wilson had an attack and was having the coddling treatment directed by the White House doctor, and I suggested to Dr. Rucker that it might be well for him to suggest a "dose" of his "favorit prescription"; but, very naturally, he refrained from butting in in the case. Nevertheless, what has been said herein will furnish food for thought with all open-minded medical men, I fancy.

My idea of "colds," diphtheria, measles, smallpox, etc., is, that the term, filth disease, is quite appropriate, in that the body, thru poverty, ignorance, or unwholesome living habits from some cause or causes, has acquired a filthy condition. Doubtless one of the greatest handicaps we have is the smothering effect upon the respiratory function of the skin due to clothing. The millions on millions of capillary blood-vessels are forever gasping for air, and only when in free communion with the air can they perform their function of absorbing oxygen and eliminating carbonic acid in full degree.

"Oxygen is the mighty scavenger in the vital economy, the general purifier and cleaner. Everywhere among the crevices and interstices of the vital plexus it lies in wait, seizing upon all stray stuff—waste products of functions and unassimilable matters of all kinds, and converting these forthwith into harmless and eliminable compounds" (from my book, "How to Feed the Baby," an all-round nursery guide). Hence, in default of skin-breathing occurs the accumulation of "filth"; but wrong and over-eating, deficiency of exercise, lack of reasonable ventilation of living and sleeping rooms, eating when tired, or getting tired shortly after any meal—all errors in regimen promote disease, excess of clothing being about the worst and from which we cannot wholly escape. Personally, I have for many years worn *drapery* instead of *clothing;* that is, the lightest of material for the regulation suit, with no fiber of underwear during the past thirty-five years; and during the past seven or eight years I have never been seen

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under a topcoat. All this, simply because I find that the less clothing I wear the more comfortable I am *on the average*. My maxim is, "what you don't wear won't hurt you." The skin's "physical training" consists in exposure to shocks of cold and heat within reason; over-care against this is analogous to cheating the muscular system out of its proper exercise.

CHARLES E. PAGE, M.D.
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The Skin as the Main Factor in "Catching Cold."

DEAR DOCTOR TAYLOR:—For a long time I have been considering the part played by the skin in the catching of colds. All the persons I have found subject to repeated colds have tender skins that will not withstand chilling. Some of them are in the habit of dressing too warmly and when they undress at night preparatory to getting into bed, shiver and shake and even their teeth chatter. Others spend their daytime and evening in overheated rooms, offices, shops, stores, homes, kitchens, etc. These, too, find undressing for bed in cold weather to be a severe ordeal.

Relaxt Skin and Open Pores.

It seems to me that the result of overheating of the skin, where constantly done, is to relax it and to open the pores, thus subjecting it to chilling when the cold air strikes it. Persons used to outdoor life constantly are not so troubled. The chilling of the epidermis itself is not apparently productiv of harm; but when the glands are relaxt and dilated with patulous orifices, the cold air manifests its perniciousness.

Treatment by Cool Baths.

The treatment that I have followed for this condition is to "harden" the skin by sponge baths with cool or cold water. Where the patient is not used to cold water—and virtually none of this class of cases is—I have him begin with moderately cool water, gradually getting accustomed to colder water. In the summer time this is very easily accomplisht. Yet it can be begun in the winter by using slightly cooled water at first.

In taking this sponge bath, the room may be comfortably warm, and only a part of the body is sponged at a time. After a part is so sponged—for instance, the chest—it is quickly rubbed dry and until pink by means of a coarse (Turkish) towel. This is continued over the whole body.

Many persons who at first believe they could not stand such a course of treatment, find it easy to become accustomed to, and soon begin to enjoy it. Then they find they do not chill so quickly, if at all, when undressing for bed.

A shower bath will answer just as well for those accustomed to it or who may wish to use one.

James Adam* recommends for the relaxt mucous membrane and submucous tissues of the nose brisk exercise, such as running. I have no doubt that such exercise is very beneficial in that condition in a great many cases. But if the patient's pores remain open and the entire skin relaxt, I believe the latter condition will offset the improvement derived from the exercise. Hence I believe the restoration of the normal tonicity of the skin by cold water is one of the best means of treating the tendency to rhinitis and "catching cold."

Overheated Skin.

I have found also another mean of restoring tone to the skin. It is similar in principle to the cold water treatment, but different in application.

Not only does artificial or extraneous heat relax the skin, but the heat of the body, if its radiation is prevented, will cause the same thing. This is brought about by wearing too much clothing, particularly if made of woolen goods. The wool restrains the radiation of the heat, the skin gets warm and the pores open. We know it when we feel wet with perspiration. The constant duration of this condition results in a relaxt condition of the skin.

We must guard against getting wet and cold, however, for that usually leads to colds and pneumonia. Dry cold is what I have reference to as being beneficial.

Wear Less Woolen Clothes.

The cool baths mentioned above will be beneficial here as in the previous condition. But the new method of treatment I have in view is to wear lighter clothes, particularly less wool, so that the skin will contract and retain the heat within the body. We might try this by gradually accustoming ourselves to wearing cotton underwear, even in cold weather. A great many people wear too many clothes. For very cold weather a heavy overcoat could be worn, which, of course, could be removed on entering a building.

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*"Asthma and Its Radical Treatment." Reviewed in August WORLD, page 343.

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Treatment by Cool Air.

Cold air can take the place of cold water if applied right. Persons accustomed to riding in an open vehicle, particularly an automobile, can get used to cold penetrating air and find the mucous membrane on their turbinates shrunk down tight to the bone; as James Adam, mentioned above, found it following brisk exercise.

One of the best kinds of clothing for this purpose for summer and early autumn is mohair, which does not hold heat and permits the air to penetrate.

I instruct persons who are accustomed to working in overheated places to stay for a few minutes in a moderately cool place before going out into the bitter cold of winter. This gives their skin a chance to contract in the slightly cooler atmosphere and avoids the chilling that would have occurred on their sudden advent in the cold air.

To sum up, the preventiv treatment herein described consists in hardening the skin by cold water, cool air and lighter clothes. This will be found a very wholesome means for the prevention of colds, which may not put any money in the doctor's pocket, but will help his patients a great deal. JOHN C. ROMMEL, M.D.
Philadelphia.

Symposium on Treatment of Pneumonias.

Treatment of Croupous Pneumonia in the Adult.

EDITOR MEDICAL WORLD:—In croupous, or fibrinous, or lobar pneumonia we have an inflammation of the lung of a specific character, due to the invasion of one or more bacterial organisms. The disease is characterized by three stages, the first of congestion or engorgement; the second of consolidation or hepatization; the third of resolution.

As this paper has to do with the treatment of the disease and as the readers of THE WORLD are acquainted with the anatomic changes, etiology and symptomatology thereof, but little space need be given to these subdivisions of the subject.

Suffice to say that we first have a congestion, with engorgement of the affected area of the lung, this being followed by a solidification of the organ and finally a gradual softening and return to the normal.

Some authorities tell us that pneumonia is a "self-limited disease," or that it will show recovery, or the contrary, regardless of any sort or manner of treatment. We who have given any attention to the medical, rather than the "expectant," or drugless, treatment, believe that undoubtedly in numerous instances this malady has been aborted and its course markedly shortened.

Abortiv Treatment.

To abort the diease the patient must be seen early and before the second stage is fully developt, in that the congestion may be relieved. If the patient is seen at this time and veratrin is pusht to full effect, either alone or with aconitin and digitalin, we have report after report of instances wherein the disease has been shortened in course to a matter of a few days, rather than a week or more. I have a theory in mind that, could a case be seen sufficiently early, full doses of atropin, administered hypodermically to full effect, should abort the disease in its incipiency. It is a well-known fact that atropin acts to determin the blood to the surface and to relieve internal congestions or engorgements. As yet I have not had any opportunity to try this out, not having seen a case sufficiently early. Veratrin and aconitin both act to equalize the circulation, and the former increases the eliminativ functions.

Synergists.

Some writers tell us that we should employ veratrin, or veratrum viride, only in the initial stages of the disease, but I have found this drug effectiv later on, when there have been signs of toxemia, with more or less delirium. In such instances the drug acts to favor greater elimination, with consequent riddance of the toxins. Other writers tell us that digitalis or digitalin should not be administered until the heart wavers, but it has been my observation that, administered with aconitin or veratrin, it overcomes the tendency to cardiac weakness. The use of strychnin is also decried by many, they insisting that no stimulation is required until there is a break in the vitality. It has been my observation that this drug does well from the start. In small doses, far below the amount which would give any pronounced physiologic effect, strychnin seems to act as a synergist to other agents, in that it rather sustains the vitality of the patient and "splints" him thus allowing no retrograde action to take place.

While the leucocytes increase in number as the stage of gray hepatization proceeds,

leucocytosis may be increast thru the use of nuclein in full dose, either hypodermically or intravenously. As calcium sulfid has been found of efficiency in practically all infections, it is indicated in pneumonia and should be administered from the outset of the disease and in sufficient quantity and at intervals sufficiently frequent to obtain and maintain full physiologic effect, or saturation. The nuclein solution should be administered three times a day in from 20 to 30 minim doses and may be exhibited as mentioned above, or absorbed from the buccal mucous membrane. With the few remedies mentioned above, many cases of pneumonia may be brought to a prompt termination. It should be remembered that it is the patient and not the disease name which is to be treated, and that the remedies must be employed as indicated at the time of observation.

Reducing the Pulse.

After the patient's bowel has been thoroly cleared out with calomel and podophyllin, either veratrin alone or that drug in combination with aconitin and digitalin, is administered at frequent intervals and in comparativly small doses until such time as the pulse rate is brought down to 80 to 85, and the rate held at that point thru lengthening the intervals between doses. I would say in passing that the untrained attendant, without any knowledge of the temperature, can handle a case remarkably well by giving attention to the pulse rate. As this lowers, the temperature likewise comes down. I have handled several cases in which the nurses were men who had never had much, if any, experience in handling cases of pneumonia, and in none of them did any mishaps follow, either from overdosing or otherwise.

The Stage of Resolution.

I have carried patients thru to the stage of resolution with the few remedies above mentioned. Reaching this stage, to increase exudation and get rid of the exudates, we find emetin and one of the ammonium salts indicated. If the exudates are retained, sanguinarin will stimulate coughing and thus favor the throwing off of the exudates to a greater extent. This is a drug of great efficiency in the treatment of the old, in whom vitality is at a low ebb. For the treatment of pleurisy, I have found bryonia or bryonin, used early, to be very efficient in the relief of pain. If the cough is annoying, codein, in small dosage, is indicated. Apomorphin serves to liquefy the expectoration and increase the amount thereof, if scanty and viscid.

The eclectics favor lobelia in the treatment of pneumonia, and particularly in the initial stages, their theory being that it either lessens the toxin-producing power of the pneumococci, or thru physiologic action stimulates the formation and production of antibodies. In order to gain these effects, the drug must be pusht to nausea, general relaxation and profuse diaphoresis. The eclectics have reported great successes following the use of this drug. They are now employing it hypodermically, a specially prepared product being used. Others are using lobelin sulfate in like manner, and with reports of like results. This is a drug to be employed with considerable care, lest its effect be too profound.

Biologic Treatment.

In addition to the drug treatment of the disease, the pneumobacterin and pneumobacterin mixt, as well as the antipneumococcic serum, have been employed, with reports of good results. The pneumonia phylacogen (Schafer) is also recommended highly by some, altho others condemn this agent as strongly. In the use of the bacterins an activ immunity is produced within the host, while the serum carries the antibodies and is productiv of a passiv immunity. Just how the phylacogen acts is not fully understood, but it probably favors the production of greater amounts of antibodies. Space will not allow of going deeply into the subject of just how any of these agents act. According to different authorities, the dosage of the bacterin ranges from 10 to 600 million killed bacteria. The initial dose is small, progressivly increast in acute cases. Many good results have been reported following the use of the bacterins. When there is a mixt infection, the mixt bacterin contain not only the pneumococcus, but in addition streptococci and staphylococci. Microscopic investigations give the indications for the proper use of the bacterins.

Other Points in Treatment.

In the stage of resolution and during convalescence, tonics are invariably indicated. If the cough persists, expectorants, such as may be indicated, may be of use.

Thruout the course of the disease the bowel should be kept clear and clean, in that there may be no production and subsequent absorbent of toxins therefrom.

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This action will serve to act as a synergist, in most instances, to other remedies employed.

Many still cling to the cotton or wool jackets, but in my practise I discarded them some years ago, and believe that I have had better success since than when employing them. It is the habit of every practician to examin the chest whenever the patient is under observation. If his chest is envelopt with a jacket there is more or less shock at each time of removal. If only the underclothing cover the chest there is no excessiv heat or moisture to be encountered and consequently no markt chilling of the exposed surface. Neither do I employ cold applications, for the reason that I have found hot ones much more efficient. The facts of the case are, that I rarely use the latter, unless it be to give relief when there are severe pleuritic pains.

If there is hyperpyrexia (and this rarely occurs when the treatment outlined above is followed systematically), I have found cool or cold sponge baths preferable to drug antipyretics.

Giving close attention to the indications at each time of observation and meeting them promptly and treating the patient and not the disease, and employing only the small list of drugs and other agents above mentioned, I have happily had no deaths for several years, and I have treated cases of the disease at an altitude of above 6,000 feet. I never employ alcohol, as I have seen numerous cases result fatally following the old-fashioned method of pushing that agent to effect. In this mountain country the alcohol treated patient almost, if not quite always succumbs. Even where the patients have been alcoholics by habit I have had success without the use of that agent.

Forgetting the disease by name and *treating the patient and the indications presenting to full effect systematically, it is my belief that the drug method will show more successes than will the "expectant" mode of he who believes the disease "self-limited."*

GEORGE L. SERVOSS, M.D.
Author of "The Hypodermic Syringe."
Gardnerville, Nev.

DEAR DR. TAYLOR:—I write to let you know how much I appreciate your Monthly Talks. This old world would be a much better place to live in if people generally were imbued with the same sentiments and ideas that you are. Your Business Talks are brimful of good, sound sense and advice, and if followed would prevent many a loss in a speculativ way that professional men are so easily induced to invest in. I am willing to acknowledge that I am one of the unfortunates. A. NOXON, M.D.
Toronto, Canada.

Homeopathic Treatment of Pneumonia.

EDITOR MEDICAL WORLD:—Anything said on the medical treatment of an infectious, self-limited disease naturally casts a shade of doubt in the minds of others. Nevertheless I wish to make a few remarks on the homeopathic treatment of pneumonia. The success of such treatment is only attained by those who have toiled to success.

A friend askt Pat if he could play the violin. "I do not know, sir; I never tried." You could not expect Pat to play a violin without hard work first. You could not explain it to him in a few words, and it would be hard to convince him that such divine harmony could be produced by rubbing a few horsehairs over some catgut. It does not seem possible, but we know it can be done, even if the man who has never tried does not believe it.

Significance of Symptoms.

In the treatment of pneumonia there are a number of things to be considered. We only know of disease by the symptoms it presents. We can only judge of the relief given by the study of those symptoms and a knowledge of their meaning. "It matters not so much what kind of a disease a man has, as what kind of a man the disease has." You must treat each case according to its individual requirements.

The symptoms that are most useful in the diagnosis and pathology are not the best guide in the individuality of the case, but only serve as making up the totality of the symptoms to be considered in the line of treatment. To illustrate, the rusty sputum of pneumonia is a pathologamonic symptom of an advanced stage of the disease and is found in all cases alike. Its character shows the pathologic condition of the lung tissue, but it is not a direct indication of the treatment of the individual case. The rise of temperature is an evidence of the process and energy of repair and not of degeneration, as some seem to think.

Nature has a certain amount of work to do and should not be hindered in it; when she gets tired and "quits the job," you find a low form of continued fever, which for convenience we call typho-pneumonia. This is a misnomer, of course, as no typhoid germ is present. It is a similar condition, however, and simply indicates that nature is overwhelmed by long-continued action and is trying to perform a task beyond her vital forces to repair

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quickly and unaided. She is doing her best, but needs help according to her laws, yet always resents undue intrusion on her methods. She needs a little assistance by the use of the right drug. If you have the wrong one, a quart is useless and may do harm.

Remedies Indicated.

In the *early stages* you will find *aconite* a most valuable aid in assisting to overcome the acute inflammation, as indicated by the dry, hot skin, chilliness, great thirst, rapid pulse and high temperature. I give the 2 x (= 1/100) every fifteen minutes for 4 or 5 doses, then every hour while awake.

Veratrum viride (green hellebore) will suggest itself after aconite, where you find great *arterial excitement;* full, strong, incompressible pulse (or even slow pulse, indicating exhaustion).

In this stage the heart is showing signs of the great stress laid upon it. This remedy is my *sheet* anchor in the early stages, and, in fact, I use it until I have positiv evidence of the indication of something else. It is a great relief to use a drug that serves so faithfully and so well in a diseased condition that so taxes the skill and ability of the physician.

Its action on the engorged lung and in sustaining the heart thru a crisis so dreaded by all avoids the necessity of using stimulants, such as strychnia and others which are so deadly in their reaction.

I give to adult 1 drop of Φ (mother tincture, about equal to fluidextract) every hour or so, and watch the effect on the pulse carefully. In small doses this drug is a heart stimulant. In large doses it is a dangerous heart depressant and great care must be exercised in the use of it. In all homeopathic prescribing you must bear in mind that you are using a remedy that will produce similar symptoms to the ones you are trying to alleviate, and being overzealous may get you into trouble by a reaction.

Bryonia is the sovereign remedy for all inflammation that has advanced to the *stage of effusion,* and acts powerfully upon the serous membranes and the viscera they contain. In pleuro-pneumonia it is almost a specific. The chief characteristic symptom is the stitching, tearing pains, greatly aggravated by motion of the inflamed membrane, which is relieved by rest. I give 3 x every hour.

The chief indication for *tartar emetic* is the great collection of *mucus* in the bronchial tubes, expectoration with great difficulty indicating paralysis of the vagi. Small, frequent, thready pulse. In high-grade hepatization it aids expectoration.

Hepar sulph. cal. (sulfid of calcium) is to be considered where the excess of fibrin in the blood has become purulent. Most useful in individuals of a strumous diathesis. Those subject to a tendency to suppuration on the slightest injury, or scrofulous persons (tuberculosis of lymph glands). For special indications some other drugs that might be indicated are: gelsemium, ferrum phos., phosforus, opium, sanguinaria, hyoscyamus or mercurius.

W. H. SHANE, M.D.

Germantown, Philadelphia.

Indications for Drugs in Pneumonia.

EDITOR MEDICAL WORLD:—For obvious reasons all diseases should be correctly diagnosed in accordance with the present nosologic classifications, but such diagnosis should not materially influence the treatment of a patient. He should be treated according to the specific indications for the needed drugs, regardless of the name of the disease from which he is suffering. In other words, the patient, not the disease, should be treated.

In my practise I have found one or more of the following remedies always required in the treatment of the pathologic states usually manifested in pneumonia:

Aconite when the heart's action is rapid, the pulse small but hard and wiry. *Asclepias* when there is a tight, hard cough, sharp pain and the heart lacks tone. *Baptisia* when the tissues are full and dusky and the tongue is full and purplish. *Belladonna* when there is capillary congestion. *Bryonia* when the pulse is hard and vibratil, or when there are sharp, lancinating pains and harassing cough. *Echinacea* when the tongue is full and of a dusky hue, and the tissues are of the same color. *Ipecac* in minute doses when there is irritation of the mucous surfaces. *Jaborandi* when there is high fever and the skin is hot and dry. *Nux vomica* when the tongue is full and pale. *Podophyllin* when the tongue is broad and full and covered with a dirty-yellow coating. *Quinin* when periodicity is a markt feature, providing the tongue is moist. *Rhus toxicodendron* when there is irritation of the cerebro-spinal centers as shown by a sharp stroke of the pulse. *Sanguinaria* when there is a tickling sensation in the

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throat causing almost constant coughing. *Sticta pulmonaria* when there is a hard, racking cough and pain in the occiput. *Veratrum viride* when the pulse is free, full and bounding.

The above-named remedies, if employed in small doses in the foregoing indications, will cure a very large percentage of all cases of pneumonia. In addition to internal medication I usually have the compound powder of *lobelia* applied on a larded cloth to the chest. This application should be renewed every day.

JOHN WILLIAM FYFE, M.D.
Saugatuck, Conn.

Laboratory Tests in Pneumonia.

DEAR DOCTOR TAYLOR:—From the standpoint of the laboratory aids we usually divide our pneumonias into regular acute cases, other acute cases, and the chronic cases.

Regular Acute Cases.

While, as a rule, the laboratory aids have not been called upon in these cases, it seems to me that this should be done, for several reasons, as follows:

First.—Apparently true pneumococcus cases may not be such in fact, but other bacteria may take a part. It is well to know this early if we are to use vaccines (and this is just what we should do). A proper bacteriologic diagnosis is advisable in all cases for this very reason.

Second.—The urinalysis and especially the estimation of chlorids should be routinely applied as a prognostic procedure.

Third.—It is somewhat embarrassing to see some of these apparently regular cases develop rose spots, enlarged spleen and intestinal hemorrhages and run a typhoid course. If there is any reason to suspect typhoid, the Widal should be resorted to.

Fourth.—Some of these cases, even in the early stages, show short acid-fast bacilli. Confidently supposing the pneumococcus to be there, the physician treats the case as such. Instead of crisis, come sweating and rapid loss of flesh. *The pneumococcus never was present.*

Laboratory Tests.

So that routinely the laboratory aids should be applied to every case even tho apparently regular. The staining for tubercle bacilli as well as the typhoid tests and blood counts need not be described here. It may be well, however, to consider the other tests. Identification of the pneumococcus and its differentiation from the other cocci may, of course, be done by the Gram method. But practicians will find the following technic more easily and correctly done:

Shake together equal parts of the sputum and 1% formaldehyd solution. Place a droplet on a slide and apply a cover-glass. Narrow iris diaphragm to a twilight. This demonstrates very beautifully the lance-shaped pneumococcus in its capsule. It is well to wash the mouth and throat well before securing the sputum, to provide against contamination.

As for the urinary chlorid test, no great accuracy is necessary. Decrease of normal chlorids in the urin is a serious prognostic item, while a sudden increase faithfully predicts a crisis. Remove albumin if any is present. To 10 c.c. of the urin, add 4 drops of 10% silver nitrate solution. Thick, curdy precipitate indicates normal chlorids, while a mere milkiness shows diminution. Use control of a normal urin with this test.

Estimation of albumin, detection of blood, crystals, etc., give no usable evidence in these cases.

Other Acute Cases.

The possible role of the pneumococcus is often questioned from the very first. These, of course, demand a bacteriologic diagnosis if any success is to be expected from vaccines.

Chronic Cases.

Of course, these are rarely classified as croupous pneumonia, altho they may start as such, and, as I have found, may often be caused by the pneumococcus alone. Cabot has stated that unresolved pneumonia is mostly a myth, and he is perhaps correct. But now and then a case may apparently be so classified, no other diagnosis, as empyema, abscess, emphysema, etc., being possible. I have been struck by the following type, which I wonder if the readers of THE WORLD have observed:

The patient, usually a young male, takes his bed with a pneumonitis, where from the very first the symptomatology is puzzling. Typhoid may be suspected, but cannot be proved. Mixt infection may be suspected, but examination shows the pneumococcus. The physician is not much surprised when the crisis fails and the fever drops slowly but not to normal. Routine examinations show no tubercle bacilli, only pneumococci and pus. For a few days the sputum may fail. The temperature rises. There may be

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joint pains and headache. Finally a large amount of sputum is raised, which is usually very thick, sometimes even pasty. The patient feels better, but is weak and anemic. He may not fully recover for many weeks. Last winter I saw two of these cases and studied them in consultation with other physicians. It seemed as tho tuberculosis was already establisht, but, putting considerable faith in our bacteriologic examinations, we did not so commit ourselves. They were chronic pneumococcus infections, pure and simple, as was shown by recovery when large does of pneumococcus vaccine were given. B. G. R. WILLIAMS, M.D.

Paris, Ill.

Pneumonia in the Aged.

EDITOR MEDICAL WORLD:—In any disease affecting the old, several characteristics of age must be taken into consideration: The general sluggishness of function; the low vital resistance; the feeble and often obstructed circulation; the relics of maladies that have prevailed during previous years; the more or less rapid tendency to decay. Apply each of these to the incidence of pneumonia in the aged, and what do we have?

Symptoms.

Sensibility is dulled, and the ordinary evidences by which we recognize the occurrence of a pneumonia in younger subjects are wanting. Of the characteristics of this malady, as enumerated by Gould and Pyle—"the sudden onset with a chill, pain in the side, cough, delirium, high and regular fever, full and bounding pulse with moderately increast rate, the rust-colored sputum containing diplococci, and the physical signs," we may have none excepting the last mentioned, and these may not be detected because the attack may be unsuspected.

The onset is rarely sudden, the chill never observed. The pleural pain is inconsiderable because the nerves of sensation are dull and the rigidity of the chest limits movement. Cough is scarcely noticeable, as the presence of secretions in the bronchi is not felt; in fact, th's constitutes one of the principal dangers, as fluids collect in the air passages until they interfere with aeration, and a stupor supervenes that ends in carbon-dioxid suffocation if not recognized and relieved. For this reason, also, delirium is absent. The fever may be high or low; it is not apt to be noticed unless particular attention is paid—and the aged rarely get much attention. The pulse is perhaps somewhat fuller than usual for the man, but not abnormal for younger persons, and may not impress the careless examiner as pathologic. The sputa are not ejected; if they are brought up by forcible efforts at the urgent demand of the physician, they are usually sufficiently characteristic to at once indicate the serious nature of the malady.

The old man is quieter than usual; he sleeps later, and this is a matter of congratulation to his family; perhaps after a while their apprehension is excited by his continued somnolence, and as efforts to arouse him fail, the doctor is called. He finds the patient lying quietly, the breathing slightly accelerated, the skin somewhat warm, the pulse a trifle full for his age, but no cough or any other symptom calling attention to the lungs. Quite often it happens that the idea of lung trouble does not occur to the physician, and he may see an approaching paralysis, an apoplexy or a toxemia, and never think of the true disease. By the next day, however, there are evidences of carbon-dioxid poisoning, a dusky flush appears on the cheeks and a livid shadow about the mouth, and a fine bubbling makes itself heard within the chest, gradually increasing until it ends in the death rattle.

True delirium is rare; usually there is somnolence, and weak rambling, the typhoid state being presented; so that sometimes the diagnosis is typhoid fever.

Auscultation detects the respiration shallow, and râles much looser than in younger subjects, while percussion quickly reveals the extent of the consolidation. Change of posture is essential to distinguish true consolidation from hypostatic effusions. The urin is scanty and apt to be retained until the bladder is distended; the fluid obtained by the catheter being thick, ammoniacal, offensiv and dark. The sputa ejected may show the most characteristic examples of the prune-juice type. The bowels are constipated, the stools scanty, dry and dark, often very offensiv. When the patient is rolled over and allowed to lie for a few minutes until the hypostatic serum has drained away, auscultation reveals characteristic crepitation, usually looser than in ordinary cases.

Prognosis.

The prognosis is always graver than in the young, and especially so when we recollect that with the aged pneumonia is

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so frequently the closing phase of an accumulation of depressing conditions. To those suffering from cachexias, cancer, diabetes, chronic organic affections of the heart, arteries, liver, kidneys, etc., pneumonia comes as a merciful intervention of nature to prevent further unavailing suffering. It is molecular death, the surrender of one of the vital defenses that means the fall of the fortress. Terminal pneumonia is not a disease to be combated; it is one of God's mercies to hopelessly suffering man.

Apart from these, the prognosis depends on the patient's capability of reacting with remedies, the stage at which the malady is recognized and treatment instituted, the severity of the attack, and the qualifications of the physician as a practical therapeutist. Prune-juice expectoration, coma, loud bronchial bubbling, all signs indicating deficient aeration, are ominous. Weakness and irregularity of the pulse are bad; intestinal complications and inability to take, retain and digest nourishing food are bad. My personal observations do not indicate that general involvement of pulmonary tissue is as perilous as with younger patients. Activ delirium is less to be dreaded than somnolence and coma vigil.

Treatment.

Hiram Corson, of Norristown, Pa., was the last to advocate bleeding for the pneumonia of the aged. The last publication from this venerable practician I recollect told of his performing venesection on men over ninety years of age with pneumonia, and of their survival—I dare not say "cure." The hyperemia of the early stages that may justify this measure in young and robust adults—and I believe we have done wrong in laying aside completely this powerful weapon—is rare indeed in the aged. The vasomotor conditions that rule the symptomatology in ordinary forms are not so prominent or important here, except as the imperfection of the sclerosed arteries may interfere with nutrition and dispose to gangrene. Hence, the vasorelaxants and constrictors so essential elsewhere descend to secondary place and occasional indications; while the pulmonary stimulants take first rank. In the front of remedies as to the relativ frequency of indication I would place this group, of which sanguinaria, senega and squill are the principal members. They arouse the drooping powers of the lung, awaken sensation, and cause the bronchi to feel and throw off the encumbering collections. The nitrate of sanguinarin, in doses of 1/10 grain, every one, two or three hours, continued until the patient is coughing sufficiently, is a remedy whose value I can scarcely exaggerate. If it occasions vomiting, so much the better; it is not depressant, and nothing more effectually frees the bronchial tract of secretions. The effect on the system in general is powerfully stimulant, and bowels and bladder are strengthened.

As a counter-irritant the volatil liniment of the pharmacopeia has no superior. It should be applied liberally to the chest, well rubbed in, and the skin covered with warm flannels. Care is to be taken that it is not allowed to blister.

I do not like digitalis with these cases. Its power of constricting the arterioles is so great that the danger of inducing gangrene by stopping the supply of nutrition is perilously increast. If the heart needs help, substitute spartein in full doses for the bloodroot. If pulmonary dropsy is present, with hydrostatic effusion or threatened edema, employ squill. Frequent change of position prevents that interference with the nutritiv circulation that forms one of the main dangers of this condition.

The bowels must be freely cleared out once every day—in no disease are the evils of fecal toxemia more decided. The bladder must be watcht and the catheter used if necessary to prevent distension. The diuretic action of the stimulant expectorants suffices to keep up this essential elimination.

Feeding.

Nutrition is most important. The patient should receive four to eight ounces of fluid nourishment every four hours, with a small cup of coffee midway between these meals. The richest nutriment possible—raw eggs, top milk, raw fruit juices, turtle, oyster or clam soups, jellied meats—semisolid—with chocolate, cream and raw beef or oysters, grated, if the patient can manage them. In very great debilities, rub the patient from head to foot every day with hot cod-liver oil. Enemas of hot soups and salt solutions may supplement the stomach feeding if needed. I know of no excuse for the giving of alcohol.

(Continued beyond Yearly Index. Raise staples with a pocket knife, lift Yearly Index out, and bind in front or back of volume, as desired. We omit the title page and blank page on opposite side of same leaf. As practically all who bind WORLD use the WORLD Binder (only 35 cents each, or three for $1), a separate title page is not needed, and is seldom used. However, if as many as 100 of our subscribers request a separate title page, we will supply it without extra cost.)

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Complications—Convalescence.

Complications and emergencies are to be met as they arise—one might descant endlessly on the treatment of all the conditions that might appear in the course of a pneumonia. There is practically no difference in the management of a croupous and of a bronchial pneumonia—the indications and the perils are much the same.

Convalescence demands care—prevention of exposure, attention to the skin and the bowels in the way of insuring constant cleanliness of both tracts, careful scientific dieting with especial abundance of fats, judicious exercise of the lungs as well as of the muscular system.

WILLIAM F. WAUGH, M.D.
Chicago, Ill.

Croupous Pneumonia in Children.

EDITOR MEDICAL WORLD:—For some reason never understood by the writer, a majority of the profession, general practicians and internists alike, assume the attitude that croupous pneumonia is seldom, if ever, seen in young children. Harboring such a delusion, their diagnostic shrewdness is blunted; their physical examination of the patient is biast by a preconceived idea as to the probable findings; and errors in diagnosis and laxity in treatment are unavoidable. Even so great a diagnostician as Parrot declared that croupous pneumonia never occurred in children under two years of age.

On the contrary, croupous pneumonia is quite frequent in young children. Indeed, under two years it is found more commonly than later in life. Dunlop, in 1908, collected 147 case records, and of these 45 were under two years of age. Riviere collected 154 cases under ten years of age, finding 20 in the first, 46 in the second, 38 in the third, 27 in the fourth, 18 in the fifth, and 5 in the ninth year.

The statistics of the affection, as well as the physical findings, are a sufficient protest against this indefensible attitude. When we approach a little patient evidently suffering from a severe and acute affection of the lungs, why should we allow "broncho-pneumonia" to flood our mentality with insistent suggestions while we are making our physical examination? Croupous pneumonia is a definit entity, not easily confused with broncho-pneumonia if we examin carefully and without prejudice. Its course and type are well defined. It is a general pneumococcal infection, and one can find the organisms, and the effects of the toxin are unmistakable to an experienced observer. It is of sudden onset, attacking previously healthy children, lobar and sharply defined in physical findings, nearly always primary, typical in course, and ends by crisis. When death occurs, it is almost always the result of toxemia and heart failure. Sex incidence favors the male as three to two.

Symptoms.

At the onset there is always chilliness or an absolute rigor, and two-thirds of all cases vomit; the emesis may be single, or repeated over one to two days, and is often violent in type. Some have headache and nosebleed, and pain in the abdomen is more often complained of than pain in the chest. The breathing is shallow, but some cases in the early hours do not reveal markt acceleration. The face is flusht, eyes brilliant, pulse bounding and skin hot. The breathing ranges from forty to eighty, losing ratio with pulse and temperature, and frequently appears chiefly abdominal. If the pleura be involved, there is an expiratory moan or "grunt," and often the air is momentarily held in the chest after inspiration—producing so-called inverted breathing. Actual dyspnea is much rarer than in the adult. Cough may not be a notable symptom in the first few days, and some cases even go thru to crisis without the cough being prominent. Diarrhea is generally present, but occasionally there is constipation and markt abdominal distension. By far the majority of all cases soon sink into drowsiness or stupor, but a few manifest restlessness or delirium. The clinical picture of croupous pneumonia in children is modified by the greater nervous sensitivness of the little patient, but the temperature range is quite typical of the disease. Crisis should be watcht for after the fifth day; it is most frequently noted on the seventh, but may run to the ninth. Often, on the third to the fifth day, there is a temporary defervescence, even to normal, for several hours, and this, if it be noted, is of favorable prognostic import. The symptoms are again aggravated with the rise of fever following, but this does not necessarily indicate extension of lung involvement.

Convalescence is rapid, astonishing improvement immediately following the crisis, and often all signs have disappeared within three days.

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Diagnosis.

As to diagnosis: The almost universal tendency to *search for broncho-pneumonia* instead of attempting to *exclude croupous pneumonia,* may lead us into costly error. Then, too, accurate examination of the little patient is always difficult, and the signs are not so easily elicited as in the adult. In certain cases, even with the most painstaking examination, the signs may be slight, delayed until the fourth or fifth day, even entirely absent until after the crisis, or overlookt because of the lesion being deeply seated. The most important lesson for all of us to learn, to our idea, is to carefully and thoroly examin every child evidently suffering from "a pneumonia," and to make no "diagnosis" (?) or prognosis on anything less than the most exacting observation, auscultation and percussion of all parts of the pulmonary area—all the while steeling our mind to the insidious idea that "it is probably broncho-pneumonia."

Treatment.

When treatment is considered, the melancholy fact confronts us, as in the adult, that we have nothing adequate or satisfactory; and, that the best we can do is to place the patient in the most favorable hygienic condition, and combat the symptoms as they arise. We invariably institute treatment with divided doses of calomel, continued till a pronounced cathartic effect is produced. We insist upon abundance of fresh air, but *avoid any possibility of a draught,* and try to keep the temperature of the room as near 60° F., as possible. Tents, steam and antiseptic vapors have never seemed to produce any results. An oxygen cylinder should be convenient if cyanosis be markt, and an intelligent nurse have supervision, but the country physician will seldom be available to use it himself in an emergency. We try to encourage free water drinking, and give as much albumin water as the patient will take at two-hour intervals. No one has ever shown that application of ice to the chest can affect the underlying lung, and we regard the use of the "ice poultice" to the chest of a child as little short of criminal. Ice is never well borne, but heat is always grateful to the little sufferer. Ice on the head is a different matter, and generally does much good by allaying the nervous symptoms. The body should be sponged frequently with *tepid* water, to which a little alcohol or vinegar may be added. If there be much pain, turpentine stupes will relieve it better than anything else of which we know.

We do not believe that aconite or veratrum viride has any rational place in the treatment of croupous pneumonia in children, and we confine our expectorants to ipecac and squill. Good whiskey and strychnin are our stimulants of choice when needed, and we do not use digitalis unless the tension is low and the pulse feeble. We prefer bromid or veronal to Dover's powder, chloral or morphin for restlessness, but occasionally one is forced to use a narcotic on account of pain.

ANDREW LYLE RUSSELL, M.D.

Midway, Pa.

Comments on the November WORLD.

Treatment of Colds.

EDITOR MEDICAL WORLD:—Dr. Smeltzer's communication on colds (page 438) is an excellent introduction to the subject, but naturally leaves much to be said in addition. What we need, above all else in medicin, is good working theories of disease on which to base a rational therapeusis. The disturbance of vasomotor equilibrium Dr. Smeltzer has described so well that it need not be dilated upon. I am confident that the circulation of fecal toxins in the blood enhances the vulnerability of the mucous tissues, and renders them more susceptible to catarrhs. But these I look upon as invariably due to infections.

Cold and wet disturb the circulation and allow the blood to engorge the tract that possesses the least vital resistance; the ever-present micro-organisms seize the opportunity to effect a lodgment, and we have an inflammation beginning. Restore equilibrium by relaxing the spastic cutaneous vessels; and I believe capsicum is better than ginger or alcohol here. Or we may stimulate the vasodilators by atropin; or the vasorelaxants by pilocarpin; or the vasoconstrictors of the affected tract by camphor or quinin; and by any of these antagonistic remedies we may act on the appropriate part of the circulation and secure equality. For our remedies go to the parts that need them; and for every dilated capillary in the congested area we must have a corresponding contracted area elsewhere.

When we inhale ammonia fumes we act directly by stimulating the vasoconstrictors and obtain momentary relief from the engorgement. It is only momentary, however, and if we substitute fumes of formalin we get a far more sustained action, and a

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direct germicidal application to the surface of the infected area. If this is done early enuf we abort the infection; but if the malady has penetrated too deeply we do little good—the attack will run its course. Then we may shorten this by our opiate, and the best one is Dover's powder.

And with all our science have we improved on the way our fathers treated a beginning cold?—a purge, a hot mustard footbath, and to bed with heat to the feet and a sweat.

Carbonic Acid Gas per Rectum.

Dr. Rose (page 441) speaks of carbonic acid gas injected into the rectum for dysentery. I am glad to see anybody try to resurrect this method, which I had some hand in extinguishing many years ago when it was employed in the Bergeon treatment of tubercular consumption. This consisted in the use per rectum of carbonic acid and sulfuric acid gases. Received with absurd enthusiasm it was grossly abused, as is the custom with new remedies, and then as absurdly dropt—completely. Nobody could say that it was or was not of value in suitable cases, or what these were. Dr. Rose confirms my belief that there was some value in the remedy that might have been demonstrated by really scientific tests.

Treatment of Erysipelas.

Dr. Wendlandt's (page 444) experience with milk baths in infantil erysipelas leads me to ask if the benefit were due to the vital principles in the milk—nuclein, especially—or to its absorption as a food? The skin has a power of absorbing nutriment far greater than many know. It has been more than a quarter century since I lost a case of erysipelas, since I learnt the specific power possest over the *sthenic* form by pilocarpin, and the equally certain control exerted over *asthenic* cases by the tincture of the chlorid of iron. I have not taken up newer suggestions because I have not had a case that was not quickly and completely controlled by these two remedies.

Midwives Are Dangerous.

Dr. Cuzner's reminiscences (page 447) are too brief. Some years ago he publisht a very remarkable article describing what he aptly termed legalized malpractise in Florida by illiterate midwives. Dr. Cuzner would do us all a service were he to prepare a new presentation of this matter for the great WORLD circulation. Dr. Falls' historic data (page 450) are also of primary importance to us.

Action of Jaborandi.

Dr. Maxwell's note on jaborandi in pellagra (page 451) interests me exceedingly. I was mixt up with this drug previous to its introduction, having met it while studying at the great Misericordia Hospital in Rio de Janeiro. My work was interrupted by an attack of yellow fever and one of my colleagues brought the plant to the United States. Its tremendous sudorific power attracted general attention, but still greater interest was aroused by the discovery that it induced quite a decided leucocytosis. One of my early applications was as a means of increasing the supply of breast milk. One day a mother for whom it had been prescribed informed me that instead of increasing her milk, the breasts had dried up completely. This led me to study the chemistry of the plant, and I found that it contained two groups of alkaloids of antagonistic properties. It was this incident that led me to the study of the alkaloids and the methods of their application developt by Burggraeve.

The action of pilocarpin in inducing that determination to the skin exprest by profuse sweating, with an increase of the excretal elements of the perspiration to five times those in normal urin, and the leucocytosis also induced, explain the control exerted by this potent drug over erysipelas. The stimulation of the flow of milk is an unnatural and pathologic action, and must be carefully watcht. There is no function of the body more difficult of treatment than this. Careful dieting and sanitation alone safely increase the lacteal supply of the human breast.

Chicago, Ill. WM. F. WAUGH, M.D.

Sensitiv Plant to Cure Poison Ivy.

EDITOR MEDICAL WORLD:—In answer to the inquiry for a cure of ivy poisoning, please make known the following generally unknown remedy: The crusht leaves of the *Impatiens pallida,* or sensitiv plant, give instant relief. When ivy is plentiful in a vicinity there should be grown many beds of sensitiv plants. The cowboys of the West make themselves immune to the poison by chewing the tender shoots of the vine. I have never chewed any of the shoots myself, but I'd like to get somebody else to try it! Personally, poison ivy never bothers me. I can handle it. HOSEA HOWARD.

Ferguson, Mo.

In November WORLD, page 441, Dr. Rose's carbonic acid gas generator was accidentally stated to be an oxygen generator.

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A Plan to Promote Accuracy of Diagnosis and at the Same Time Save the Time of the Physician.

In WORLD for last December (just one year ago), beginning on page 496, Dr. J. Madison Taylor told us valuable truths on the subject: "Fuller Case Histories Needed —the Patient Should Fill a Suitable Blank." The Doctor was then at work on a *preliminary history blank*, but he said that "any one can design a blank for himself." But this is not so easy, for the Doctor himself has been at work on his for nearly a year, and now offers it to us as a continuation of his article of last December.

The idea is to secure the aid of the patient in establishing a diagnosis, and also to save the time of the busy family doctor or specialist. A blank is given to the patient and he is askt to write answers to the questions given. In some particulars family history may not be easily given offhand. In that case he is askt to call the next day or in several days with the blank filled. In the deliberation of home, with the aid of members of the family, a very complete case history can be made. A blank can be sent by mail to an expected patient, or to a distant physician who intends sending a patient for consultation. Finally, blanks can be handed to patients in a crowded waiting room, and thus they can be helping the doctor while waiting.

The patient, on admittance to the presence of the doctor, hands to him the blank, filled out. In a few minutes the doctor can run over the answers and arrive at a pretty good idea of his case. He will at once see where further questioning is needed, and what examinations to make. He can keep this filled blank, amplified by the doctor in the presence of the patient, as the permanent case history, without the time and labor of doing it all himself. Thus the time and strength of the doctor are saved.

The deliberate reading and thinking of all these questions is an unusual psychologic experience to the patient. Many valuable half-forgotten facts are thus brought out. The danger of harmful habits is emphasized in the patient's mind. His responsibility concerning himself is increast. In short, the doctor's time is saved, he is enabled to render better service to his patient, and the patient is benefited both directly and indirectly. Here is the blank as prepared by Dr. Taylor:

PRELIMINARY CLINICAL HISTORY.

DESIGNED BY J. MADISON TAYLOR, A.B., M.D. OF PHILADELPHIA, PA.

To be Made Out by the Patient or Family.
Write in Pencil and Lightly.
The Physician Examining will Revise and Write in Ink.
Read Over Carefully Before Answering.

N. B.—This blank will enable a person to make an orderly outline of leading circumstances in physical history, bringing to mind half-forgotten facts, any one of which may exert an important influence in solving problems requiring the services of a physician. Oftentimes one can remember significant facts, when memory is systematically self-searched, with plenty of time, better than in the hurry of an examination. *Everything* here asked should be put on record as having happened or not. If the space following a question is insufficient for answer, *take another sheet of paper*, set down the facts at length, and attach to the blank, marked with the question-number to correspond. The record should be as complete, conscientious, and exact as possible. In answering some of the questions it may be enough to underscore for *"yes,"* or write *"yes"* or *"no"* in the space after, and then in the space below answer more fully. Ask help of the doctor if you do not entirely understand a question.

Date..... Full Name.....
Age, and Date of Birth.....
Birthplace..... of Father.....
Birthplace of Mother.....
Nationality..... of Father.....
Nationality of Mother.....
Occupation now..... Former Occupation.....
Married..... Single.....
Height: feet.....; inches..... Weight: now...
What was heaviest weight?..... lowest?.....
Have you any living brothers or sisters?.....
How many in the family?..... What are their ages and sexes?.....and conditions of health? (Mark them 1, good or bad; 2, good or bad; 3, etc.)
If any are dead, what was the cause of death?....
From what diseases did any one suffer while living?
Have you any children?..... If so, give the age of each, also date of birth and condition of health. (Mark them, 1, 2, 3, etc.)
If you had a child that died, at what age did it die, and what was the cause of death? (If more than one, mark by number, 1, 2, 3, etc.)

1. What do you suffer from at present?.....
What do you complain of most?.....
Describe the conditions which are now urgent and for which you are consulting a physician.....

2. Are, or were, there in your family any forms of inherited or hereditary disease, such as gout, diabetes, serious nervous or mental disease, epilepsy, paralysis, hemophilia ("bleeders"), or malformations?..... Was there a case of tuberculosis or cancer?.....

3. Mention briefly every attack of illness, injury, operation, or *course of treatment*, in the order of its occurrence (marked 1, 2, 3, etc.) as far as possible, from birth to the present; *state about your age at time of each attack* (*if possible the date*); give also name and address of attending physician..... also his opinion as to the nature and severity of the attack; *also mention*..... *any peculiar features, complications* (delirium, mental confusion, loss of speech, loss of power, and the like), or any special symptoms or damage which then occurred.

4. Have you had any serious disorder of any part or organ? Of the heart?..... lungs?.....

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digestive organs?..... kidneys?..... or any other?..... If so, did this disorder occur in *connection with any acute disease;* state what the acute disorder was..... at what age did it appear? ..... did it entirely pass away, or leave any damage?..... also mention any disorder occurring at that time *in other organs or parts*, as of the eyes..... ears.... nose..... throat..... veins..... skin..... nails..... hair..... teeth..... glands..... etc.....

5. Were any special examinations ever made of the urine?..... blood?..... stomach contents? ..... bowel movements?..... expectorations? ..... blood-pressure?..... X-ray pictures?.... or any other?..... Give date, and age at time of these examinations. State why they were made and opinions of doctors expressed at the time.

6. What is your *present state of health*, as to strength, vigor, activity, weaknesses or tendencies?..... How is your digestion?..... If disturbed, how and why?..... Are the bowe s now regular?..... If laxatives are used, what kind, and how often? ..... Have you "piles"?..... State whether you tire easily on walking..... or does it disturb breathing?..... What is your weight at present? ..... Have there been any marked variations in weight?..... If so, what were they?..... how long did they persist?..... and what caused them?.....

7. Do you live in the country, or town?..... On high or low ground?..... Tell condition of surroundings which may have effect on health..... Do you let much air into your house?..... or are you oversensitive to cold?..... What system of heating do you use?..... What method of lighting do you use?..... How much outdoor air do you get? .....Do you sleep in a cold or warm room?.....

8. HABITS: Do you use much tea?..... coffee? ..... tobacco?..... any beer?..... wine?.... or strong drink?..... Did you ever use any of these to excess?..... Do you or did you ever use morphine?..... opium?..... heroin?..... cocaine?..... any kind of tonic?..... or any pain-reliever or sleep producer?..... Did you ever over-work?..... if so, how?..... and how long?..... What effect was produced by over-fatigue?..... Were you ever so confined indoors that you could not get natural exercise or open-air life?..... Were you ever exposed to dangerously prolonged heat..... or cold..... or wetness..... or dryness?..... What has been your taste in active sports?..... Did you ever become skillful in any active sports?..... or neglect them?..... Have you now given up physical activities?..... if so, how long ago? ..... What is the nature of your work now? ..... How much of enforced sitting or standing ..... or of over-exertion does your work require? ..... Have you ever had any private diseases, or diseases of the private parts? (This is most important. Answers may be put on a separate sheet and handed to the doctor, unsigned.)

9. EYES: State whether or not the eyesight is now good..... Has it failed at any time? if so, when (date)..... and why?..... *If your eyes were ever examined by a specialist*, give his name and address ..... State what opinion was then expressed or what done..... If now wearing glasses, state whether they are satisfactory..... if not, when were the eyes last examined?..... by whom?....

10. EARS: State what is the condition of your hearing now..... Was it ever affected?..... if so, how and to what degree?..... What caused the trouble?..... If treated by a specialist, give name and address and date.....

11. THROAT AND NOSE: Is your breathing easy and natural, or not?..... while awake?..... while asleep?..... Has any attack of serious or moderate illness ever occurred affecting the nose or throat (diphtheria, tonsillitis, quinsy, etc.)?..... if so, what was it and how severe?..... Give opinions of specialists if consulted..... Do you catch cold readily?..... Is the throat or nose easily disturbed?..... Are throat and nose troubles easily relieved?..... Do you have periods of hoarseness?.....

12. CHEST, BRONCHIAL TUBES, LUNGS, PLEURA: Did you ever have any disorder of breathing?..... Shortness of breath without exertion?..... Asthma?..... Bronchitis?..... Any obstinate cold with cough lasting weeks or months?..... Any unaccountable running down of health, or loss of weight?..... Spitting of blood?..... Sweating at night?..... Inflammation of lungs (pneumonia)?..... Pleurisy?..... Severe pain in side?..... Give dates and name of doctor consulted.....

13. HEART, BLOOD-VESSELS, KIDNEYS: Did you ever have any disorder of the heart?..... What was it called?..... How were you affected?..... Was there ever marked difficulty in breathing while walking up a hill or stairs?..... Did you ever have rheumatic fever?..... Severe tonsillitis or quinsy? ..... If so, was the heart weak afterward?..... Did you ever have swelling of the feet?..... Ankles?..... Eyelids?..... or other parts? ..... Enlarged veins ("bunches") in the legs or body?..... Any unaccountable bleeding or dizziness or fainting spells?..... Were your kidneys ever affected, as shown by examination of urine?..... If so, give date, name of doctor, and what was found..... How much water do you pass in 24 hours?..... Do you rise at night to pass water?..... How often in one night? ..... How long have you done so?..... Have you any difficulty in passing water?..... or difficulty in retaining your water?..... Do you urinate often during the day?.....

14. DIGESTIVE ORGANS, STOMACH, INTESTINES: Have you ever had any serious trouble with the stomach?..... Intestines?..... Bowels?..... Passing of membranes (shreds, strings, sausage-like masses)?..... Blood?..... Tarry masses? ..... Worms?..... Pain after eating?..... Pain relieved by eating?..... Were stomach contents ever examined?..... If so, give date, and name of physcian..... What are your favorite articles of diet?—Meats?..... Vegetables?..... Sweets?..... Condiments, spices, etc.?.....

15. SKIN: Is your skin natural?..... or oversensitive?..... or easily disturbed?..... Is the surface circulation good?..... Are your hands and feet often cold?..... or become blue?..... Is your perspiration excessive?..... or not enough?..... Have you had boils?..... Ezcema or other eruptions?..... Hives?.....

16. TEETH: Are your teeth good, or not?..... Are they over-sensitive to cold or heat?..... Have you recently consulted a dentist?..... Do you consult one regularly?..... Tell about any special tooth troubles..... Have you ever had

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an abscess in a tooth?..... Do the teeth decay readily?..... Are the gums diseased?..... or receding?..... Do the gums bleed?..... Have any teeth been removed?..... if, so which ones? ..... and why?..... Was there any special trouble with the teeth in early childhood?..... Do you chew your food thoroughly?..... or do you eat hastily?.....

17. FEMALE FUNCTIONS: At what age did menstruation become established?..... Has it ever been absent since?..... if so, how long?..... Is it now regular?..... if not, about how long are the intervals between?..... Is there pain before?..... after?..... or during? Have you sick headache?..... What relation are headaches to menstruation?..... If your menstruation has ceased, when did the change of life occur? ..... Was it easy?..... or distressing?..... Has there been any bleeding since?..... if so, how much?..... and precisely how often has bleeding occurred?.....

18. NERVOUS CONDITIONS: Is your sleep sound and refreshing?..... or disturbed?..... If poor, at what time does waking occur?..... What causes you to waken?..... Are you then confused?..... Have you ever been delirious? ..... if so, what caused it?..... Is there now, or has there been, any special form of weakness? ..... Vertigo?..... Have you ever had a fit or convulsion?..... if so, how many?..... At what age was the first one?..... How long are the intervals between?..... Did you ever lose consciousness?..... Did unconsciousness last long?..... Did you ever lose control of speech? ..... of limbs?..... of eyes?..... Did you ever see double?..... Did you ever lose control of your water?..... of your bowels?..... of your breathing?..... of any part?..... Did you ever lose flesh in one limb or part?..... Did the part shrink in size?..... or become swollen?..... or very tender?..... or "seem dead"?..... or did the joints become stiff or rigid?..... Did you ever have any *very* severe pain?..... intense headache?..... How long did it last?..... Was the cause found?..... if so, what was the cause?..... Did you ever lose sensation in a part?..... if so, what part?..... how completely?..... for how long?..... Did you ever forget where you were?..... or what your name is?..... or lose power to write?..... or to understand others?..... Have you ever had an attack of nervous prostration?..... if so, what were the worst features?..... How long did it last?..... Were you then treated at home? ..... or where?..... Did you ever hear voices? ..... or see things?..... or people?..... which others could not see or hear?..... Did you ever lose your memory?..... Is your recollection of names, faces, or places now much different from what it used to be?..... Did you at any time lose interest in your family?..... your surroundings?..... in daily happenings?.....

Of course, the possession of a single printing of this blank as above will be of no service to you except to show you the scope and the classification of the questions. Improve the blank if you can. For actual use of the plan, the blanks will have to be printed for you in quantity, on hard or ledger paper, so that ink can be used, tho perhaps a majority will use pencil, and on broad, spacious paper, to allow sufficient space for the answers. Thus you will need a printer. Dr. Taylor has not copyrighted the blank, so it can be reprinted by your printer without danger of infringement. And here comes in a question of economy. Dr. Taylor's printer is the F. A. Davis Co., 1914 Cherry Street, Philadelphia. They have printed these blanks in quantity; four large pages, ledger paper. By special arrangement they agree to send to WORLD readers a sample dozen for 15 cents, or a first lot of 50 blanks for 50 cents. The regular price is higher. It would cost your printer two or three dollars to set the type.

This is not an advertisement; and Dr. Taylor gets no royalty. Have your printer make these blanks for you if you can save money thereby. Send to the above-named firm for a sample dozen or 50, and then patronize them or your own local printer, according to the advantage to you. You cannot get the advantage of this plan unless you have the blanks to use. We are trying to serve your interests, both professionally and financially. The function of THE MEDICAL WORLD is to bring to the individual doctor whatever will serve him.

Diet for Pellagra.

EDITOR MEDICAL WORLD:—There is no rational treatment for pellagra, and cannot be until we have its etiology. It prevails here to a considerable extent and lately I have used no treatment whatever except *an entire change of diet* and of general environment as far as possible, and I shall watch these cases with interest. Of course, at this time of year the most prominent symptoms intermit or remit for a time, to recur again with the warm weather.

JOHN REEVE.

De Land, Fla.

When War is Done.

In Europe, when the war is done—may that day soon be greeted!—when some their victory have won, and some have been defeated, 'twill be a country of the old, the halt, the maimed, the dying; in unmarkt couches, 'neath the mold, the young men will be lying. Afar the youthful hosts are flung, like grain that waits the reaping; for war takes harvest of the young, and leaves the old men weeping. In Europe, when the war is done, the rust dims sword and sabre, in barren fields, from sun to sun, old men and dames will labor. The patriarch must guide the plow in fields yet red from slaughter, while hitched like horses are the frau, the grandma and the daughter. Perhaps some cripple from the wars may help to do the seeding, while groaning o'er his varied scars and old wounds freshly bleeding. Some veteran on wooden legs, whose strength is swiftly dwindling, may milk the cow and fetch the eggs, and split the daily kindling. But everywhere the weak and old must do the heavy toiling, must strive the little farms to hold, and keep the pot a-boiling. Old men and dames, the harvest waves! Go forth and do the reaping, for in their red and shallow graves, your strong young men are sleeping!—WALT MASON, in *Philadelphia Bulletin.*

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THE PRESCRIPTION PAGE.

Liniment.

℞ Oil of sassafras..... 30 c.c.
Oil of origanum..... 30 c.c.
Methyl salicylate..... 30 c.c.
Oil of hemlock..... 30 c.c.
Chloroform ..... 20 c.c.
Tincture of capsicum..... 30 c.c.
Alkanet root..... 15 grams
Alcohol, q. s.....500 c.c.

Mix the oils and in these suspend the alkanet root, inclosed in flannel, and allow to stand for twelve hours; then add the chloroform and alcohol, sufficient to make 500 c.c.—*Medical Brief.*

Cough Mixture for Infants.

In writing a prescription for a cough mixture for an infant you can use syrup of lactucarium instead of an opiate. It is a favorit with many practicians for this purpose. It is a mild narcotic, antispasmodic and diuretic. It is not attended with danger in administration to children. The syrup should be used in giving the drug to infants—the fluidextract for adults. Ten minims to a half dram of the syrup can be safely administered to an infant a year old. It is often combined with ipecac. The following is a favorit formula:

℞ Syrup. lactucarii.....℥ ij
Spirit. ætheris nitrosi.....℥ j
Syr. ipecac.....℥ ss
Syr. tolutani.....℥ ss
Aquæ q. s. ad.....℥ iij

M. Sig.:—Teaspoonful every two or three hours. This is the dose for a child one to two years old. This is an excellent cough mixture for infants.—*Medical Summary.*

Acute Bronchitis.

Inhalations of recently prepared tincture of iodin from wide-mouthed bottles found to cure bronchial catarrhs in four days. Inspirations—from 4 to 8 or more at each sitting—to be more or less deep, according to severity of case. Inhalations to be repeated 5 or 7 times a day. If much mucus, expectoration to be assisted by usual remedies. In children iodin tincture may be dropt on pieces of cotton to be laid on pillow (over oilcloth) while patient sleeping.—TORRI, *Monthly Cyclopedia.*

Bronchopneumonia.

Hot baths, followed by brief cold affusion, in acute bronchitis, bronchiolitis, and bronchopneumonia in young children reduce fever, stimulate expectoration, deepen breathing, exert soporific effect, improve appetite, stimulate elimination thru skin, and seem to act specifically in shortening disease. Bath water is at 41° C. (105.8° F.), hot water being added as cooling occurs. Patient is bathed every three hours, up to 5 times a day. Baths particularly appropriate for feeble children who became chilled at periphery with internal temperature high. The weaker the child and higher the fever, the more frequently baths are given. Where the temperature not above 39° C. (102.2° F.), ten-minute bath is given 3 times a day. Hot bath is not contraindicated where temperature exceeds 40° C. (104° F.) in infants or very young children, tho for older children warm baths may be substituted. At conclusion of each bath nurse elevates child from hot water so back of neck is exposed, and cold water is dasht once over neck, causing reflex gasp for breath. Child is next reimmersed momentarily in hot water and cold water poured on chest, after which he is dried, wrapt in warmed clothes, and placed in warmed bed. Baths to be continued once daily into convalescence if patient coughs.—ARNETH, *Monthly Cyclopedia.*

Sulfur Ointment in Dandruff.

Brayton recommends in the *Ind. Med. Jour.* an ointment of 1 ounce of cold cream, 1 dram of precipitated sulfur and 30 grains of salicylic acid as an excellent treatment for dandruff, and also for seborrheic dermatitis of the scalp and face. White precipitate ointment may be used for the limbs and trunks, and sulfur ointment for the scalp.—*Jour. Med. Soc. of New Jersey.*

Chronic Cystitis.

Both boric acid and benzoic acid are useful adjuvants to the treatment of chronic cystitis thru their antiseptic effect on the urin, each in 5-grain doses, rapidly increast to 10 grains. They may be given jointly, as in the following prescription:

℞ Sodii biboratis,
Acidi benzoici, āā.....gr. x
Infusi buchu.....f ℥ ij

M. Sig.:—Three times a day.—TYSON, in *Merck's Archives.*

Endometritis.

℞ Ichthyolis.....℥ j
Tinct. iodi.....f ℥ iij
Glycerit. hydrastis.....f ℥ v
Glycerit. boroglycerini.....℥ vjss

M. Sig.:—Apply on tampons.—CANDLER.

Rheumatic Liniment.

℞ Salicylic acid.....½ av. ounce
Tincture opium.....2 fl. drachms
Oil turpentine.....1 fl. ounce
Menthol.....¼ av. ounce
Methyl salicylate.....3 fl. ounces
Alcohol, q. s. to make....1 pint
—*Medical Brief.*

For Babies That Worry.

Dr. H. J. Terpening, Fulton, N. Y., says: We often are called to treat babies that are cross and fretful. They want to be held most of the time and cry very easily. Nothing seems to give them pleasure. At night they wake up every hour or two and cry. In such cases I have received the best results from a combination of passiflora, solanum and rhus. I usually write the following prescription:

℞ Tinct. solani.....gtt. xxx
Tinct. passifloræ.....℥ i-ij
Tinct. rhois.....gtt. ii-vj

M. Sig.:—Teaspoonful every one to three hours, as needed. This is a dose for a child.—*Medical Summary.*

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MONTHLY CLINIC

Please notice that our CLINIC department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house. Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge is made for this service to our subscribers. However, those who wish an *immediate* and *personal* reply by mail may obtain the same by inclosing two dollars to the Editor of this department, DR. A. L. RUSSELL, MIDWAY, WASHINGTON CO., PA. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Cystitis.

DEAR DR. TAYLOR:—I have under my care a very trying case, one that has tried me sorely for the last year or two, and I must confess that I am clearly up against it.

W. B., aged 35, stationary engineer. Habits good. Married. No venereal history whatever. Three years ago began to have occasionally a burning and tickling in urethra on urination. Not constant. Gradually became constant. No discharge. Is especially severe for a day or two following intercourse. If bladder is allowed to fill and demand to urinate is not attended to at once, he loses control and the discomfort is aggravated. Several mornings has found his night linen stained with urin.

What have I got, Doctor? If you can't make a diagnosis from this I will be glad if you can give me a line to work on and read. I have given him sounds, urethral irrigations and every urinary antiseptic and sedativ heard of. Any information you may give me will certainly be appreciated. ILLINOIS.

[It is not possible to make a diagnosis from the mere description of loss of urinary control and tickling in the urethra. We presume you have examined the urin carefully. This, of course, is the first step toward reaching a diagnosis. If too acid or too alkalin, correct this by appropriate medication. Insist upon ingestion of large quantities of water, and see that the bowels are strictly normal in action. A quart, in divided doses, of infusion of pumpkin seed, taken each day over a considerable period, would do him good.

He probably has a cystitis, and should have large doses of hexamethylenamin every two hours. Possibly vesical irrigation with boric acid solution would be advisable under strict aseptic precautions. The cystitis is probably secondary, but will require treatment before he can be cured of all of his trouble.

We are inclined to the belief that the trouble will be found in the prostate gland, and suggest a careful examination thru the rectum. It is likely that it will be found congested, in which event a course of "milking" treatment would be advisable; or, one could procure a psychrophore and treat it by continuous irrigations of iced or of very hot water. We cannot go further on suggestions without more detailed knowledge of the actual conditions, but think if you will direct your attention to the prostate and bladder instead of to the urin or kidneys, that you will be able to approach a rational diagnosis.—ED.]

Varicocele Operation.

EDITOR MEDICAL WORLD:—What has been the success in treating varicocele by the Goodnight operation? I have not seen much mention of the operation. I have never seen it done.

The operation consists in pushing the testicle high up and clamping the scrotum below the testicle and cutting the sack below the clamps, then stitching the scrotum, which completes the operation. Of course, hemorrhage is controlled.

Please give your opinion of it and a short technic of it for the benefit of a reader of THE WORLD. C. C. COOPER.

Rolla, Mo.

[We cannot answer your query better than by quoting from "Diseases of the Genito-Urinary Organs and Kidneys," Greene-Brooks, publisht by W. B. Saunders Company, Philadelphia, Pa., at $5, net, containing 621 pages, and now in the third edition, as follows: "The operation aims to reduce the redundancy of the scrotum, by ablation of part of the sac. This procedure is probably as useful as any, as, owing to the cicatricial tissue contraction following the operation, it makes a natural suspensory bandage of the scrotum itself. It is performed as follows: The testicles are pusht up toward the inguinal gland, and the base of the scrotum is seized between the first and second fingers of the left hand, which are pusht up against the testicles in a manner similar to that of a barber when cutting the hair of the head. A properly fitting clamp is then applied. Any one of the appliances that have been specially devised for the purpose, or any large clamp with a curve, or two clamps from side to side, meeting end to end, may be employed. Just above them, between the clamps and testicle, a few U-shaped sutures should be placed, the fold of the scrotum below the clamp cut thru and the portion of the scrotum below the clamp removed. The clamps are then removed, any bleeding points ligated, and, if necessary, a few more sutures taken. The patient is put to bed and kept there, and a dry dressing is applied until the wound has healed."

The author gives no statistics of results, but the operation cannot fail of proving efficient, and is devoid of danger if done under the ordinary aseptic precautions. It is easily performed without special equipment, and wounds of the scrotum heal kindly and with rapidity.—ED.]

Formulas Requested.

EDITOR MEDICAL WORLD:—Please give me a formula for disguising the taste of Epsom salt, dose of same for adult and children; also a good liniment to be applied locally. Also a remedy to be snuft for cold in head, headache, etc. And give formula of a remedy called To-Ho-Ta and To-Ha-Ta oil or liniment. DR. N. C. MCLEAN.

Breckenridge, Okla.

[Epsom salt is satisfactorily disguised by dissolving it in very strong black coffee. We have seen a number of formulas publisht, but none of them have proved entirely satisfactory in our hands.

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The following formula makes a good liniment:

℞ Camphor .....2 ounces
Menthol .....1 ounce
Oil of thyme .....1 ounce
Oil of sassafras .....1 ounce
Tincture of myrrh.....1 ounce
Tincture of capsicum.....1 ounce
Chloroform .....1 ounce
Alcohol .....2 pints

The best medication for use in the nasal chambers is made by putting three or four grains of menthol crystals in an ounce of Claroline. Claroline is a light mineral oil of suitable density for use in an atomizer, and is obtained from wholesale druggists anywhere, tho the name varies with locality. If you explain the purpose for which it is intended, they can easily supply you. "Mineral oil" it is called in some places. "Snuffing" is not a modern method of application, and by the use of the atomizer much better results are secured, since the medication is put in a vaporous form and reaches and covers every part of the affected surface. See the articles on colds in this issue.

We have no knowledge of the To-Ho-Ta nostrums, and cannot supply you with formula. Perhaps some of THE WORLD "family" can do so, and if they are sent in we will publish for your benefit.—ED.]

Keratin-Coated Pills.

DEAR DR. TAYLOR:—Please tell me where I can buy the keratin-coated pills, recommended by Menyhert in treatment of diabetes, page 418, October MEDICAL WORLD. GEO. STRICKLAND.
Claremore, Okla.

[All pill manufacturers prepare keratin-coated pills, and they are for sale thru the regular drug channels. Write to any manufacturer, or take the matter up with any traveling salesman or wholesale drug house selling supplies to physicians.—ED.]

Itching Piles.

EDITOR MEDICAL WORLD:—Will you please tell me what to do for a very severe case of itching piles of about six years' standing? I have prescribed many things with no results.
Elm Mott, Texas. DR. E. E. CRAVEN.

[Are you positiv of your diagnosis, Doctor? We ask this because many physicians "diagnose" (?) hemorrhoids from the story of the patient. The only way to reach a satisfactory diagnosis is by a careful examination by use of a good rectal speculum. Pruritus ani is often treated as hemorrhoids, for this reason. Of course the only rational treatment for hemorrhoids is operation, since no medicin can cure them when once formed. If you want palliativ medication, we know of none better or more convenient for the dispensing physician than the "pile suppositories" manufactured by Wm. S. Merrill Chemical Company, Cincinnati, Ohio, and sold thru the regular professional channels. They contain pure alcoholic extract stramonium, ½ grain; extract hamamelis, ½ grain; oil erigeron, 1 grain, and are not expensiv. If you have not examined your patient, doctor, do so at once, and you may change your diagnosis, or you may find internal and itching hemorrhoids complicated by a pruritus ani—which, of course, must be attackt independently, altho set up by the hemorrhoids originally.—ED.]

Tattoo Marks.

EDITOR MEDICAL WORLD:—I am writing you for some information regarding the removal of tattoo stains and marks, and which method do you consider the best for the removal other than surgical?
Essex, Mo. J. P. BRANDON.

[This has been covered many times in these columns. If the tattoo marks involve but a small area, they may be removed by electrolysis; but this is only practical in very limited areas. Variot's plan is generally commended, being as follows: Concentrated solution of tannin is tattooed into the tattoo marks, and then a silver nitrate pencil is rubbed vigorously into the discolored area. Silver tannate is thus formed in the skin. The dark crust so formed falls off after subsidence of the superficial inflammation, if no infection takes place, the course occupying about sixteen days; when the corium and epidermis will be found repaired and a pink scar in evidence, finally becoming natural in color. Brault uses 30 grams of chlorid of zinc in 40 grams of water, dipping the tattooing needles in this solution, and wetting the surface with the same solution after finishing the tattooing. In the use of either method, it may be necessary to repeat the treatment several times. Other irritants, such as chromic acid, carbolic acid, acetic acid, tincture cantharides, potassium hydrate, etc., have been employed, but the principle is the same. These are the only methods worth considering outside surgical removal, and, of course, one must then consider the disfigurement of the scar.—ED.]

Wants Hydrastis Plants.

DEAR DR. TAYLOR:—I have been trying for some time to get some golden seal seed or roots to set out, as I have some land which I think is suitable for it. I have in the past seen it advertised in medical journals and I thought perhaps you can tell me where I may find it in some form for cultivating. DR. J. W. GREGG.
Brattleboro, Vt.

[The writer has had experience of a number of years in the culture of hydrastis. It will grow anywhere, but it will not grow everywhere with profit. It requires a rich, deep soil with abundant decaying vegetable matter as fertilizer. It must have abundant moisture and fully half or a little more of shade. Shade may be made of brush or lath on supports. We found most success by making our own soil by placing a layer of horse manure a foot thick on the ground; this is covered with a foot of oak sawdust; this with a foot of manure, and so on. This pile is thoroly forkt over every two or three months until you have a fine, odorless compound, when the seeds or roots are ready for planting. Keep all cow manure away from the plants, and do not lime the soil (unless very carefully). We lost many thousand roots thru fool advice to "lime" our soil.

The *Physician's Drug News*, page 226, 1911, has an article on "The Cultivation of Hydrastis" which is very valuable. It will be worth your while getting it. Also send to the Department of Agriculture, Washington, D. C., for free information along these lines. Farmers' Bulletin

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No. 613, entitled "Golden Seal Under Cultivation," will be sent to anyone on application to the Secretary of Agriculture, Washington, D. C. The department circular states that it "is of interest to residents of Ohio, West Virginia, Kentucky and adjoining states."—ED.]

What is Crystolis?

EDITOR MEDICAL WORLD:—Am mailing you some of the literature sent out by Creslo Laboratories, of Binghamton, N. Y., lauding "crystolis," a positiv hair grower.

Do you know anything regarding these people? I am of the opinion that it is another fake to fleece the ignorant. This literature was sent to a patient, who has askt my opinion regarding the matter. Kindly advise me so that I may advise him intelligently. C. J. NEMEC.

Omaha, Neb.

[The American Medical Association writes us as follows:

We seem to have no reference to the composition of "crystolis," but we have a very complete set of advertising matter and follow-up letters. The methods of the company are typical of mail-order medical fakes. Those that answer their advertisements are sent a letter in which they are told that the stuff ought to be sold for from $10 to $100, but they have decided to sell it for $3. With subsequent follow-up letters the price is reduced until they come down to what they call a "confidential price" of $1, made with the understanding that "when you speak about the treatment" you are "very careful not to mention that we have charged you only $1." Part of the advertising claptrap they send out consists of reproductions of "diplomas," "gold medals" and "grand prizes" awarded crystolis at various so-called international expositions. The *Journal of the American Medical Association* of March 14, 1914, reprint on "Grand Prix and Gold Medals" will show you how much some of these "honors" are worth.

The *Journal* of the date above quoted mentions that Max Kaiser offers to make an exhibit at a European exposition for any manufacturer. He practically guarantees to make the exhibit of sufficient value to win a grand prize or gold medal for the exhibitor. The cost is $400. A neat display, probably, is all that is needed to secure the prize.—ED.]

Mulhall's Neuritis and Neuralgia Remedy.

EDITOR MEDICAL WORLD:—Could you give me the formula of Mulhall's neuritis and neuralgia remedy? This preparation is manufactured in Buffalo, N. Y. Any information you could give me upon this article will be greatly appreciated.

Hamburg, N. Y. L. D. GUNN, M.D.

[We regret to say that we have been unable to learn anything about this remedy.—ED.]

Marine Plasma.

DR. C. F. TAYLOR:—I should be glad to have any information you or WORLD readers can give concerning the inclosed circular and letter (Marine Plasma, from Massachusetts Radium and Thorium Institute). Thanking you in advance for the information. T. N. ROGERS.

Sault Ste. Marie, Mich.

[We have received the following information from the American Medical Association:

The "Marine Plasma" is, apparently, nothing more than a proprietary form of the sea-water treatment that has been suggested at different times, but which, so far as we know, has never been given any very serious consideration. The *Journal of the American Medical Association* of January 4, 1913, gives a short bibliography of the literature on sea-water treatment from 1909. There were some earlier articles, but these references will probably be sufficient.

We do not have any information in regard to the preparation you speak of.—ED.]

Thompson's Malted Food Co.

EDITOR MEDICAL WORLD:—What about the Thompson malted milk stock? I almost had to call the town marshal to get rid of their agent—he so much wanted to make me a rich man. Is it all right? If not, somebody will get fooled, because they are insistent agents.

Pendleton, Ind. DR. H. C. MARTINDALE.

[This is a sample of many letters we have received on this subject. The best information we can get on this subject is as follows:

The earlier name for the Thompson concern was "American Malted Food Company," and originally it had its office and factory in Milwaukee. Its products are "Malted Milk," "Malted Beef-Peptone" and "Hemo." As long ago as 1911 the company was sending out glowing descriptions of the money that might be expected to be made by investing in the concern, which was then known as the American Malted Food Company. According to the company's booklet it was estimated that in the United States and Canada alone $20,000,000 worth of dry malt food products were consumed annually. Further:

"On the most conservativ estimate the American Malted Food Company will supply 5% of the demand, or $1,000,000 of the consumption, from the very outset. . . ."

At the time this was written (1911) the company claimed that its stock had "been advanced over 100% in one year's time" and that even then it had "found it advisable to curtail the sale of stock so as not to exceed the prescribed number of shares to any one person." In 1914, however, the company still had its representatives in the field offering stock for sale.

In November, 1913, one physician wrote that three years previously he had purchast stock in the company and *at that time* (1910) was given to understand that dividends would be paid in at least a year! He has received no dividends to date. Other physicians have written that the company's agents in attempting to sell stock have given the impression that the concern either is paying dividends or is about to pay dividends. Still other physicians say that the agents made no claim to them that the concern was paying dividends. To quote from a few of many letters together with the date of the communications:

"Alluring promises of big profits in the near future have been held out by the canvassers. . . ." (September, 1913.)

"No actual promise was made, but it was 'estimated' that dividends would be declared about the first of the year'" (November, 1913).

"After I said I wouldn't buy any stock was told the company was already paying dividends and I was turning down a good thing." (March, 1914.)

"The agent gave me to understand that the profits of the company were enormous and that large dividends would be paid in the near future." (March, 1914.)

"Mr. ——— (the agent) told me the company expected to pay dividends as soon as all the stock had been sold." (May, 1914.)

"The agent gave me to understand that they were about to pay very generous dividends and that it was a chance to get in on the ground floor on a good thing." (May, 1914.)

The price asked for stock during the past year or more has been $1.50 a share, the par value of the stock being held at $1.00. At various times,

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however, the stock seems to have been purchasable from other sources at a much lower figure. A physician writing September, 1913, stated that he had just been solicited to purchase stock in the Thompson Malted Food Company at $1.50 a share, and that immediately he wrote to two firms, one in Chicago and one in Milwaukee, that sell unlisted securities, asking the price of Thompson's Malted Food Company's stock. Both brokers exprest the opinion, according to the physician, that at 90 cents a share the stock would be a "good buy," and both offered to undertake to secure stock at that price. One of the concerns sent a circular to the physician offering the stock at 80 cents. The physician thereon cancelled his order for stock which he had made at $1.50 and declared that if he bought at all he would buy from other sources.

Hemo.

At the present time the product that Thompson's Malted Food Company seems to be "pushing" is a product it calls "hemo." According to advertisements, hemo is "the food that builds up weak stomachs." Hemo, we are told, contains "the iron of spinach, the juices of prime beef, the tonic properties of selected malt in powdered form and the richest sweet milk." Furthermore, "hemo contains the activ principle of selected barley malt . . ."—whatever the "activ principle" of barley malt may be.

According to the Thompson Malted Food Company, "80% of the American citizens" are "troubled with anemia" and it is for them that "hemo has been especially prepared." In a sentence:

"It is a well-known fact that organic iron can be obtained from animal life as well as from vegetable life, and as the digestiv organs of a majority of the people are not equal to the task of supplying their bodies with a sufficient amount of organic iron to maintain a supply of a good quality blood, the lack of which results in numerous nervous ailments—insomnia, diabetes, rheumatism, anemia, tuberculosis, etc., it has been found necessary to secure for mankind organic iron in a form that will be concentrated, palatable and most easily assimilated."

This is a sample of the farrago of pseudoscientific nonsense sent out by this concern in its attempt to sell "hemo." To continue the quotation:

"With this object in view, the laboratories of Thompson's Malted Food Company have successfully produced and successfully tried out hemo on the most desperate cases."

In a letter addrest to a physician-stockholder, the statement is made: "Our hemo-malted milk has never had and never will have an equal as a builder of blood, nerve and tissue . . . it will build tissue, nerve and blood in less time than any other food heretofore known."

Disregarding the question whether or not this is a stock-jobbing scheme or whether the purchase of stock is a good investment, there is another side to the matter. It must be evident that the public is not getting a square deal when physicians are financially interested in the products they prescribe for, or recommend to, the sick. Whatever the value of the Thompson products, the method of exploitation and the attempts on the part of the company to get physicians financially interested in its ventures, are to be deprecated. If laymen of a speculativ turn of mind wish to invest in the stock of companies putting out "bottled energy," "blood builders" and "nerve repairers" that is their business, but it is certainly neither conduciv to the scientific practise of medicin nor to the interest of the public for physicians to be financially interested is products of this sort.—*Jour. Amer. Med. Assoc.*, Oct. 24, 1914.

The commercial rating of the Thompson Food Company is good; but whether that means that the *stock* is a safe investment or not is entirely another question. But even if it should be, it is bad ethics for a physician to own stock in a concern, the products of which he is expected to prescribe to his patients. We have said this many times in these columns. Suppose you prescribe this article to a patient to-day, and tomorrow he learns that you own stock in the concern; and that you charged him for your services, and at the same time made him contribute to your dividends by ordering him to purchase the preparation on your prescription. What would he think? What would become of your practise if it became noised around that you were using your patients to increase your dividends? What ought to happen to the practise of a man who used his patients in this way? These people want to use doctors in this way in the interest of the promoters primarily, the physician being benefited only incidentally and in a very small way, if at all, and even then to the great expense of his conscience and with great risk to his practise. The doctor is expected to pay out his good money for stock at a high price, then act as selling agent by prescribing the preparation to his patients, which act is dishonest to the patients and debasing to the doctor, all for a little dividend that seldom materializes. As we have said to you many times: *Don't do it.*—ED.]

Agreeable Tooth Paste.

EDITOR MEDICAL WORLD:—Kindly give me, thru the columns of THE MEDICAL WORLD, a formula for an agreeable tooth paste, and oblige.

New York. DR. M. R.

[℞ Cream of tartar.....120 parts
Pumice, powdered.....120 parts
Alum, powdered..... 30 parts
Cochineal, powdered..... 30 parts
Oil of bergamot..... 3 parts
Cloves, powdered..... 3 parts
Honey enuf to make a thick paste.

Or,

℞ Honey .....250 parts
Precipitated chalk.....250 parts
Orris root, powdered.....250 parts
Tincture of opium..... 7 parts
Tincture of myrrh..... 7 parts
Oil of rose..... 2 parts
Oil of cloves..... 2 parts
Oil of nutmeg..... 2 parts
Mix to a smooth paste.

Or,

℞ Precipitated chalk.....8 ounces
Orris root, powdered.....8 ounces
White castile soap, powdered...2 ounces
Borax .....2 ounces
Myrrh .....1 ounce
Glycerin .....enuf
Color and perfume to suit.

Or a preparation similar to that sold in collapsible tubes is prepared as follows:

℞ Calcium carbonate, levigated...100 parts
Cuttlefish bone, finely powdered, 25 parts
Castile soap, powdered..... 25 parts
Tinct. of carmine, ammoniated, 4 parts
Simple syrup ..... 25 parts
Menthol ..... 2 parts
Alcohol ..... 5 parts
Attar of rose (or other perfume) .....enuf
Rose water enuf to make a paste.

Beat the soap with a little rose water, and warm till softened, add syrup and tincture of carmine. Dissolve the perfume and the menthol in the alcohol and add to the soap solution. Add

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solids and incorporate thoroly. Finally work to proper consistency, adding rose water if necessary.—ED.]

Acute Nephritis in Boy.

EDITOR MEDICAL WORLD:—Let me ask a question: Have you ever had a case of albuminuria in a boy 10 years old, with no history of an infection immediately preceding? I have a patient, 10 years old. The first symptom was frequent urination, bedwetting, then face swollen quite a little; hands, body and feet slightly; nausea. No fever; no history of even a "cold" or "sore throat." Urin showed albumin strong, sp. gr. 1010; quantity in 4 hours, 2 pints. Blood pressure 155. Is this not rare? What about prognosis?

Pendleton, Ind. H. C. MARTINDALE, M.D.

[We think you have an "acute Bright's disease," which is not an extremely rare affection in children, altho usually assigned to the pre-existence of an acute infection. However, it is not always easy to differentiate an albuminuria of nephritis from an albuminuria secondary to fever or toxemia. The albuminuria may be primary, and is not rare in children of three to nine years, males being affected more than females in proportion of three to two. Such a primary nephritis may be due to renal infarct or to calculi; to circulatory disturbances provokt by chills or cold baths; to extreme heat or very warm bathing; to embolism; or to toxic causes from ingestion of drugs, or from reabsorption of toxins from intestin. Such a nephritis may terminate in recovery, chronic nephritis, or death; and it is impossible for us to make a prognosis. As a rule, in cases terminating in recovery, the duration is one to three months, and convalescence is prolonged, with considerable tendency to relapses and reappearance of the albumin even up to two years following apparent subsidence of the disease. It is to be remembered that many such cases are actually the result of infection, tho quite often no record of infection can be traced.

Under the circumstances, we suggest your purchasing a good late work on children's diseases, and following the most modern treatment there outlined, since you may have a very grave case on your hands before you are thru with it.—ED.]

Treatment for Burns.

DEAR DR. TAYLOR:—I have a patient with a burn of nine months' duration. We are having trouble in finding anything to heal. Please tell me the best prescription you know.

Stuart, Va. R. S. MARTIN.

[We have printed a number of articles on the treatment of burns in THE WORLD during the last few years. Have you tried all of them? If they have not been successful we would recommend the following:

℞ Scarlet red.....40 grains
Balsam of Peru..... 1 ounce

Mix. Apply to sores daily by means of a brush, cover with wax paper and then apply a bandage.—ED.]

What Will Restore Rubber to Usefulness?

EDITOR MEDICAL WORLD:—Can you or any member of the fraternity give directions for stiffening of old or limber soft-rubber catheters?

Waukomis, Okla. S. F. SCOTT, M.D.

[There is no way of restoring elasticity to rubber that has once lost its "life." Catheters can be lubricated with glycerin instead of an oily substance, or with advertised preparations, which do not rot the rubber.—ED.]

MEDICAL FRAUDS.

Two Dietitian Quacks.

DEAR DR. TAYLOR:—Now comes one Christian (?) who says that people have been eating for sixty centuries, and have not done it right, and, further, for $10 he will show you how to do it, thereby eliminating all disease—and doctors. Perfectly simple! Cancer eradicated by simply taking thought—at $10 per. "A Bas" the Rockefeller Institute! Perhaps herein lies the cure even for the extramartial spirit in Europe, as most of us know that too much restriction and a flesh diet is conduciv to a savage disposition in dogs.

Richmond, Ohio. DR. C. S. CULP.

[The following is the letter sent to Dr. Culp, presumably from a "Dr." Christian, F.S.D. We do not know what the F.S.D. represents.—ED.]

THE CHRISTIAN DIETETIC SOCIETY
AND
SCHOOL OF SCIENTIFIC EATING
Founded by Eugene Christian, F.S.D., 1914
213 WEST 79TH STREET
NEW YORK, October 14, 1914.

MR. S. CULP,
Richmond, Ohio.

MY DEAR SIR:—

We trust you will pardon us for writing you without even a "post acquaintance" but we have a matter to present to you that is of so much importance that when you have read the little book herewith enclosed you no doubt will consider us as an acquaintance or perhaps a valuable friend.

We want to talk to you about a new branch of science that has for its purpose the curing of disease by removing its causes. Eugene Christian, F.S.D., of this city has prepared a course of 24 lessons in Scientific Eating that have met with so much success among professional people, especially the Osteopathic physicians, that we have decided to offer them to the people at large.

This course of lessons, explained in the little book enclosed, contains the "boiled down" information and experience that Dr. Christian has gained in prescribing diet for over 23,000 patients most of whom came to him as a last resort and most of whom were cured.

The regular price of these lessons is $1 each ($24) but our special Charter Member offer today is $10 for the entire course, and we send you exactly the same lessons you would get for $24. Your subscription for these lessons also makes you a Charter Member of The Christian Dietetic Society.

WHY WE MAKE THIS OFFER:—Since we began advertising this course of lessons we have received about one thousand letters that have convinced us that a vast number of people want and need this course of lessons but cannot afford to pay $24 for it. Dr. Christian's one purpose in preparing these lessons is to put SCIENTIFIC EATING on a practical basis—to convince the world that a great majority of human diseases are caused by wrong eating and that they CAN BE CURED by eating correctly, and we have made this price ($10) at his earnest request, in order to get this reform started among the great middle classes, who do the world's thinking and the world's real work.

It is admitted by eminent scientists that over 90% of all human disease originates in the stomach and yet this is the only course of lessons ever prepared for the prevention and cure of this vast amount of human suffering.

Dr. Christian was the pioneer in this field. He began his work over twenty years ago and he has made human nutrition one of the applied sciences.

The American Press Association, the largest newsgathering corporation in the world writing recently of Dr. Christian's work stated editorially "There is no man in the United States so well qualified to instruct the Nation in regard to Scientific Eating as

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Dr. Eugene Christian, the noted scientist, whose books and lectures have attracted international attention."

If someone would give you PERFECT HEALTH or immunity from disease, what would you consider it worth? The information these lessons contain have done this VERY thing for about 23,000 people whom Dr. Christian has treated personally, and we believe they can do the same thing for you. When they have cured a bad case of stomach or intestinal trouble, nervousness, insomnia, obesity, or emaciation, put you on your feet and taught you how to stay there, then and not until then, can you appreciate their value.

After taking this course of study one of the ablest doctors in New England wrote us "LESSONS 17 AND 18 ARE WORTH MORE TO ME THAN I PAID FOR THE ENTIRE COURSE."

This special Charter Member offer of $10 will hold good only until Oct. 31st. Your remittance should be mailed immediately but under no circumstances later than SATURDAY the 31st.

REMEMBER THIS OFFER WILL NEVER BE REPEATED, also remember that your investment in these lessons is an investment in vitality and health, and that you cannot put a price on this information because you cannot put a price on human life.

Respectfully yours,

THE CHRISTIAN DIETETIC SOCIETY,

HG/P SE 1-a HENRY GROOPMAN, *Secretary.*

[In the December, 1911, WORLD, page 532, we discust another such dietitian at the instigation of Dr. Culp. Recently this dietitian, G. H. Brinkler, had issued against him a fraud order by the Postoffice Department, on August 19, 1914. In addition, "Brinkler was, on August 7th, indicted by the Federal Grand Jury, sitting at Washington, for using the mails in furtherance of a scheme to defraud, in the conduct of the business described herein, and is now held in the sum of $3,500 for trial." (Quoted from the *Journal of the American Medical Association*, October 3, 1914, page 1222.) We have on several occasions called attention in these columns to other dietitian frauds. While such frauds do abound, there is much to be learnt about dietetics, and all physicians should make themselves acquainted with the true facts of dietetics and advise their patients accordingly.—ED.]

Baughn's Pellagra Remedy.

EDITOR MEDICAL WORLD:—I forward you under separate cover sample of stuff for analysis. A fakir by the name of Baughn, at Jasper, Ala., advertises it largely as an absolute cure for pellagra, and as we have a great deal of that here and the etiology and treatment are rather uncertain, I would be obliged if you would let me know the ingredients. He asks $10 for 30 days' treatment, and guarantees a cure or money refunded.

E. R. SMITH, M.D.,
Section, Ala. County Health Officer.

[The analysis of Baughn's "pellagra remedy" is given on pages 254 and 255 of June, 1914, WORLD.—ED.]

"Prof. Samuels" Convicted of Fraud.

DEAR DOCTOR TAYLOR:—Enclosed are clippings of the trial of a noted fakir which you may want to make use of in some of your talks in MEDICAL WORLD at your own time and at your option.

The evidence for the defense in this case ought to be abundant proof of the psychic side of a remedy.

These clippings are from the *Wichita Beacon.*

Murdock, Kan. FRANK KERR, M.D.

The four newspaper clippings give an excellent account of the trial and conviction of "Prof. Henry Samuels," of eye-water fame, who profest to cure innumerable diseases by means of a solution of sugar and salt in water. Samuels was convicted on the entire eleven counts and is to be sentenced in December.—ED.]

What is Enserol?

EDITOR MEDICAL WORLD:—Do you know the composition of en-ser-ol, a preparation advertised for deafness? No doubt, another fake.

Elizabeth, Col. R. V. WITTER.

[We have not been able to learn its composition.—ED.]

Asthmalene.

EDITOR MEDICAL WORLD:—I am interested very much to know the composition of Dr. Taft's "asthmalene." I know that you have the formulas of most of these proprietary remedies.

Collegeville, Pa. WM. H. CORSON.

[We do not know the formula of Taft's "asthmalene." It is supposed to be an iodid preparation. See MEDICAL WORLD, July, 1913, page 297.—ED.]

A subscription faker has been victimizing members of the medical and dental professions during the past two months in Pennsylvania and New Jersey by offering one year of *Harper's Weekly* with ten volumes of fiction for $2.50. Since the subscription of *Harper's Weekly* is $5 per year, you will appreciate how ridiculous the offer is, of one year of *Harper's Weekly* with ten volumes of fiction for $2.50. Nevertheless, the swindler is such a glib talker that the most astute individuals fall victims. The names under which the swindler is operating: James G. Morgan, James K. Moore, James Ross, etc. Description: About five feet three inches tall. Dark-blue serge suit. Tolerably square shouldered, with pompadoured hair of short length. Round, clean-shaven face, with dark eyes. His features are Jewish.

What to do: Arrange to have the swindler call a second time. On his second visit pay him with markt money or check, secure receipt from him, have him arrested on the spot on the charge of obtaining money under false pretenses, and wire, collect, to *Harper's Weekly,* 251 Fourth Avenue, New York City, to send a representativ immediately. *Harper's Weekly* and the American Press Association each will pay a reward of $25 for the arrest and conviction of this swindler.

A Day Will Come.

A day will come when the only battlefield will be the market open to commerce and the mind opening to new ideas. A day will come when bullets and bombshells will be replaced by votes, by the universal suffrage of nations, by the venerable arbitration of a great sovereign senate, which will be to Europe what the parliament is to England, what the diet is to Germany, what the legislative assembly is to France. A day will come when the cannon will be exhibited in public museums, just as an instrument of torture is now, and people will be astonisht how such a thing could have been. A day will come when these two immense groups, the United States of America and the United States of Europe, shall be seen placed in presence of each other, extending the hand of fellowship across the ocean.—*Victor Hugo.*

DEAR DR. TAYLOR:—I have been a subscriber for many years and consider it not one of the best, but *the best* journal that comes to my office, and will say I expect to read it as long as I live. I have been in activ practise for thirty-two years and have read many journals, but yours is the best of all. Inclosed you find check for $3 for four years.

J. H. SHAFER, M.D.

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EXAMINATION QUESTIONS.

Kentucky, December 11-13, 1913.

ETIOLOGY AND PHYSICAL DIAGNOSIS.

1. Give etiology and physical signs of three forms of organic heart disease.
2. Differentiate lobar and bronchial pneumonia.
3. How would you differentiate (*a*) renal calculus, (*b*) appendicitis, and (*c*) gallstones.
4. Give etiology and differential diagnosis of (*a*) carcinoma, (*b*) sarcoma, and (*c*) lupus.
5. Give differential diagnosis of (*a*) acute alcoholism, (*b*) cerebral hemorrhage, and (*c*) opium poisoning.
6. Give (*a*) etiology and (*b*) diagnosis of hip-joint disease.
7. Give etiology and differential diagnosis of typhoid fever and acute gastritis.
8. Differentiate extrauterin pregnancy from chronic salpingitis.
9. Give etiology and differential diagnosis of chronic parenchymatous and interstitial nephritis.
10. Give etiology and differential diagnosis of gastric ulcer, gastric carcinoma, and gastralgia.

Answers.

1. Most cases of chronic endocarditis are the result of an acute endocarditis following chorea, rheumatism, or some infectious disease. It may also be caused by chronic nephritis, alcohol, syphilis, gout, excessiv muscular exertion, or atheromatous or fibroid changes. *Mitral regurgitation* shows apex beat displaced downward and to the left, increast area of cardiac dulness, and a systolic murmur heard loudest at the apex, and transmitted toward the left axilla and the angle of the left scapula; the second cardiac sound is accentuated.

Mitral stenosis shows a presystolic thrill near the apex, area of cardiac dulness increast on the right side, and a presystolic murmur over the mitral area not transmitted; the second sound is accentuated.

Aortic regurgitation shows cardiac impulse forcible and displaced to left and downward, diastolic thrill may be felt over the heart, Corrigan's pulse can be recognised, the area of cardiac dulness is increast, a diastolic murmur may be heard over the aortic area and is transmitted downward; a presystolic (Flint's) murmur may also be heard at the apex.

2.

LOBAR PNEUMONIA.	BRONCHIAL PNEUMONIA.
Generally a primary disease.	Generally, secondary (to bronchitis or an infectious disease).
Age has little influence.	Generally found in very young or very old.
Sudden onset.	Gradual onset.
Fever is high and regular.	Fever is not so high, and is irregular.
Ends by crisis between sixth and tenth day.	Ends by lysis, at no particular date.
Generally only one lung affected.	Generally both lungs affected.
The physical signs are distinct, and there is a large area of consolidation.	Physical signs indistinct, and the evidences of consolidation are indefinit.
Sputum is rusty.	Sputum is rather streakt with blood.

3. *Appendicitis:* Acute pain in right iliac fossa, fever, localized tenderness, sometimes a tumor can be felt, rigidity of right rectus, nausea and vomiting.

Renal calculus: Sudden agonizing pain, following course of the ureter and referred to testicle and penis, chill, cold sweat, collapse, rapid and feeble pulse, no fever, sometimes strangury.

Gallstones: Sudden acute pain in right hypochondrium. Sometimes referred to right shoulder, chill, fever, rapid pulse, profuse perspiration, tenderness over liver, sometimes jaundice.

4. *Etiology of sarcoma and carcinoma* is unknown. Several theories have been brought forward, such as: Injuries, heredity, bacteria, protozoa and "Cohnheim's theory of embryonic remains."

Lupus is a tuberculous affection of the skin.

Lupus is characterized by tuberculous nodules, slow superficial ulceration, and congested scar tissue.

Carcinoma and sarcoma are not thus characterized; and a microscopical examination is necessary to distinguish between the two latter. *Carcinoma* is derived from epiblastic or hypoblastic structures, possesses a fibrous stroma in which are blood vessels and lymphatics. *Sarcoma* is derived from mesoblastic structures, has no stroma and no lymphatics, and the blood vessels are in contact with the cells.

5.

CEREBRAL HEMORRHAGE.	ALCOHOLIC COMA	OPIUM POISONING
Deep coma; sudden onset.	Can be aroused by supraorbital pressure unless very profound.	Can be aroused unless very deep.
Pupils unequal or dilated. Contracted in hemorrhage into the pons.	Pupils normal or somewhat dilated.	Pupils contracted to pinpoint size.
Pulse full and slow, often arteriosclerotic high-tension pulse.	Pulse more rapid than normal and full.	Pulse rapid, may be irregular.
Respiration slow and irregular.	Regular respiration.	Respiration very slow—may be 6 to 8 per minute.
Temperature higher on paralyzed side, but lower in rectum.	May be low or normal.	
Urin contains trace of albumin.	Normal.	Normal.
Hemiplegia with convulsions on one side.		

—(Eisendrath's *Surgical Diagnosis.*)

6. HIP-JOINT DISEASE. *Causes:* Tuberculosis. *Symptoms of first stage:* Night cries; lameness in the morning; a slight limp; tendency to become tired on slight exertion; wasting; spasm; pain, swelling and deformity (either real or apparent).

Symptoms of second stage: Abduction, limping, pain, which is worse at night, apparent lengthening of the limb, abscess, atrophy of thigh muscles, flexion of thigh, effusion into hip joint, and there may be crepitation in the joint.

Symptoms of third stage: Flexion, abduction, and shortening of the limb; the joint may be dislocated or ankylosed, or suppuration may occur.

7. *Typhoid fever* is caused by the bacillus typhosus.

Acute gastritis may be caused by irritation, improper food, poison, alcohol, too much food, infections.

Typhoid fever is of grandual onset, has splenic enlargement, characteristic rose spots, characteristic temperature chart, may give a positiv Widal reaction and diazoreaction.

In *acute gastritis* all the above are absent; after taking food there is headache; dull pain in epigastric region, eructations, nausea, vomiting, furred tongue, and scanty high colored urin may be present.

8. In *extrauterin pregnancy,* there will be signs of early pregnancy, hypogastric or inguinal pains, probable history of a previous sterility, probable expulsion of decidual membrane or shreds, softening of the cervix, enlargement of the uterus, presence of a distended tube, contractions of the wall of the gestation sac; if rupture occurs, there will be sudden, excruciating pains over the lower abdomen and on the affected side, shock, collapse, and symptoms of internal hemorrhage. In *salpingitis,* the tubes are inflamed usually secondary to inflammation of uterus or to infection (either gonorrheal or puerperal), headache, pain in lower abdomen, history of menstrual irregularity, leucorrhea, tube is enlarged and tender.

9. *Chronic parenchymatous nephritis* generally follows an attack of acute nephritis, or else is due to prolonged exposure to cold and damp, phthisis, or malaria. The quantity of urin is rather less than usual, it is turbid, contains blood, albumin, and casts; urea is diminisht; dropsy is present.

Chronic interstitial nephritis is generally due to alcohol, gout, lead poisoning. The urin is increast in quantity, is not turbid, may have a small amount of albumin, but this is inconstant; a few casts may be present; urea is diminished; usually no dropsy until cardiac failure occurs.

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10. *Gastric ulcer* is due to hyperacidity of the gastric juice and lowered vitality or defectiv nutrition of the gastric mucous membrane; this latter may be due to injury or bacteria. It is most apt to occur between the ages of twenty and forty-five; after eating there is pain localized in the stomach, vomiting occurs soon after eating, hematemesis is common, there is localized tenderness over the stomach, and examination of the gastric contents shows an excess of free HCl.

Gastric cancer may be due to injury, or bacteria, but its etiology is not settled. It does not usually occur before forty years of age, is more common in males, the pain is localized and constant, vomiting is copious and occurs sometimes after eating; the vomitus contains "coffee ground" material; hemorrhages are common; a tumor may be palpated, and examination of the gastric contents shows absence of free HCl and the presence of lactic acid; there is progressiv emaciation; severe anemia and cachexia are also present.

Gastralgia is a neurosis, and may be associated with some nervous disease, or hyperacidity or hypersecretion of gastric juice. The pain is severe, is independent of eating, sometimes vomiting occurs, and frequently eating gives relief; restlessness and the nervous manifestations may be present.—*Medical Record.*

(*To be continued.*)

BOOK REVIEWS.

A MANUAL OF DISEASES OF THE NOSE, THROAT AND EAR. By E. B. Gleason, M.D., Professor of Otology in the Medico-Chirurgical College, Philadelphia. Third edition, thoroly revised. 590 pages, 223 illustrations. Philadelphia and London: W. B. Saunders Co., 1914. Cloth, $2.50 net.

While concise, the subject is sufficiently well covered for the purposes of general practise, and clearness is not sacrificed. Space is devoted to diagnosis and treatment rather than to difficult operations which no sane general practician attempts. From the multitude of operations for tonsillectomy and submucous resection of the nasal septum, the author selects and commends the "simplest, quickest, easiest, most free from unnecessary traumatism and risk, and yields the largest proportion of good results." He has never had a death from tonsillectomy or septic infection. The chapters on tonsils and adenoids have been carefully revised, and comparativly great space is given diseases of the nasal accessory sinuses. Warning is given of operations in chronic conditions which leave the patient "in a worse condition than before," and attention is called to the fact that "the majority of acute inflammations recover as the result of comparativly simple treatment." The text is up to date on diseases of the internal ear and the intracranial complications of aural suppuration. Thirty-three pages of formulas are given at the close of the text, and these will prove of special service to the general practician.—A. L. R.

THE CLINICS OF JOHN B. MURPHY, M.D. At Mercy Hospital, Chicago. Vol. iii, No. 3. 215 pages, 54 illustrations. Philadelphia and London: W. B. Saunders Co., 1914. Publisht bimonthly. Price, per year, paper, $8; cloth, $12.

In addition to Murphy's Clinical Talks on Surgical and General Diagnosis, this edition contains Tenoplasty; Tendon Transplantation; Tendon Substitution; Neuroplasty; Adhesions of all tendons en masse; Freeing and Wrapping of the Superficial Group in a Fat and Fascia Flap; Traumatic Division of Flexor Tendons and Median Nerve; Bony Ankylosis between Ulna and Humerus following fracture of Olecranon; Arthroplasty; Nailing of Fracture of Surgical Neck of Humerus after an Unsuccessful attempt to Secure Union by Bone Transplantation; Fracture Dislocation (Subcoracoid) of Head of Humerus; Reposition of Head of Humerus into Glenoid Cavity as an Autoplastic Graft without Vascular Attachments; Compound Fracture of lower third of Femur, lower end of upper fragment penetrating knee joint and resting under Patella; Open apposition with Lane Plate; Carcinoma of Right Hip, Metastatic from the Breast, Excision, Bone Transplantation to fill Defect; Transplantation of Upper third of Femur, same patient; Carcinoma of Male Breast; Osteoma of Head of Fibula; Removal of Tumor and Bone; Penetrating ulcer of Lesser Curvature of Stomach; Recurrent Hematemesis; Chronic Pericholecystitis; Posterior Gastro-enterostomy; Occlusion of Pylorus by use of Ligamentum Teres; Sarcoma of the Ovary with Rotation of the Pedicle; Ankylosis of the Jaw.—A. L. R.

THE CLINICS OF JOHN B. MURPHY, M.D. At Mercy Hospital, Chicago. Vol. III, No. 5. 190 pages, 61 illustrations. Philadelphia and London: W. B. Saunders Co., 1914. Publisht bimonthly. Price per year: paper, $8; cloth, $12.

This issue contains Clinical Talks on Diagnosis; Traumatic Epilepsy, operation, coma and death; Epithelioma of glans penis, operation by amputation; Carcinoma of Corona Penis with Metastasis in Inguinal Gland; Fecal Fistula; Old Inversion Fracture of Ankle, Open Reduction, Extra Articular Nailing of Fragments; Old Potts' Fracture, Open Reduction, Nailing; Removal of Nail from Right Tibia and Os Calcis; Recent Report from Old Case of Knee Arthroplasty; Hypertrophy of Middle Lobe of Prostate, Prostatectomy; Imperforate Anus; Use of Radium and X-Ray in Treatment of Cancer. Every clinic is pregnant with important lessons for general practician and surgeon, and all of the text is entertaining.—A. L. R.

NUTRITION. A Guide to Food and Dieting. By Charles E. Sohn, F.I.C., F.C.S., etc. 244 pages. Publisht by E. B. Treat, 241 West 23d St., New York, N. Y., 1914. Price, $1.75, net.

Dietetics are quite generally compilations, and dry as dust. This text is actually entertaining. When one realizes that eight million people in the United States are victims of dyspepsia in some form, and millions more suffer from the self-inflicted diseases of rheumatism, biliousness, and sick headaches, the importance of the subject to every physician is manifest. We have never noted any work which fills the universal need of light upon this subject in quite so intelligent and entertaining a manner. Facts only are given, and theory is avoided. It is concise, yet gives enuf for the average needs of general practicians, and the information is immediately available without wading thru useless verbosity and inane statistical tables of results in some foreign land or under conditions which one never confronts.—A. L. R.

PRACTICAL HOMEOPATHIC THERAPEUTICS. Arranged and compiled by W. A. Dewey, M.D. Second edition, 426 pages. Publisht by Boericke & Tafel, Philadelphia. Price. $2.50, net.

In this volume the author groups the drugs used by the homeopaths under each disease heading, nearly 200 diseases being thus treated. The varying conditions in which the different drugs are indicated are detailed. By this means the homeopathic treatment of the disease can be easily learned. This makes the book useful not

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only to homeopaths, but also to regulars and eclectics who may wish to learn how the former treats his patients, permitting of an interchange of knowledge among the schools. The author does not give specific doses or even mention the trituration in a great many of the sections, which puts the reader to the necessity of working these out for himself. Nevertheless it forms a good reference book on the treatment of disease.—J. C. R.

MOTHERHOOD. By E. S. Harris, M.D. 30 pages. Publisht by E. S. Harris, M.D., Bridges Building, Independence, Mo. Price, 10 cents.

This is a new edition of Dr. Harris' little booklet formerly called "Hygiene of Pregnancy," which we have favorably commented on in the past. The author details the care the prospectiv mother should take of herself, the care of the newborn, food, sleep, clothing, hygiene, condemns soothing syrups, gives a feeding table, 2 pages of "Hints," etc., all of which go to make up a very useful booklet for the pregnant woman. It is intended for distribution by physicians to their patients. The advantage of so doing is that the regular perusal of it by the patient will save the physician much time which otherwise would be spent in telling the patient the things found therein. We have ourselves used Dr. Harris' booklet satisfactorily for this purpose. Purchasers of 25 or more copies will have their name and address printed on the front page in place of Dr. Harris'.—J. C. R.

PHYSICIANS' PRESCRIPTION REGISTER. Containing Eight Prescription Blanks per Page; Altogether 1,000 Prescription Blanks, Numbered Consecutivly. Publisht by Physicians' Drug News, 250 High St., Newark, N. J. Price, $1.50; postage, 25 cents extra.

This is a well-made book to aid physicians in keeping a record of their prescriptions. Remedies containing narcotics dispenst by physicians and sent by a messenger must be copied, according to the National Antinarcotic Bill, which will probably be passed finally in a few weeks. State laws may sooner or later require the same. The numbers on the blanks will permit of easily finding any prescription wanted at any time. Some physicians wish to keep a record of all medicins dispenst. This book, with consecutiv numbers, space for date, name, etc., is a convenient way to keep such a memorandum.—J. C. R.

Acknowledgments.

Medical Mail Order Frauds. (G. H. Brinkler, Interstate Remedy Co., Jiroch Co., New York Institute of Science, Okola Laboratory, "Professor" Samuels, Turnock Medical Co.) 86 pages, illustrated. Publisht by the American Medical Association, 535 N. Dearborn St., Chicago, Ill. Any of our readers wishing information on any of the above-named concerns should send 10 cents for this pamphlet to the A. M. A. at the address given above.

Report Relating to the Registration of Births, Marriages and Deaths in the Province of Ontario for 1913.

Leprosy: Its Treatment in the Philippine Islands by the Hypodermic Use of a Chaulmoogra Oil Mixture. By Victor G. Heiser, Surgeon, U. S. P. H. S., Director of Health for the Philippine Islands. Supplement No. 20 to *Public Health Reports*, Washington, D. C.

Cutaneous Epitheliomata Cured by Sunlight.—Carbon Disulfid as a Therapeutic Agent.—Why Electrotherapy Cures. By Hiram H. Seelye, A.M., M.D., Atlantic Beach, Fla.

Prevention of Colds in Public Schools. By Ellen A. Wallace, M.D., Manchester, N. H. Institute Circular, New Hampshire Dept. Public Instruction.

The Intracapsular Cataract Operation in Immature Cataract. By W. A. Fisher, M.D., Chicago, Ill.

OUR MONTHLY TALK.

During recent years I have "thankt my stars" that I live in this enlightened age, in this age when the wealth and comfort of the average family in the civilized world is the highest ever known. Democracy was developing all over the world, and the comman man was getting a better chance than ever before. Old age pensions, protection of childhood and other functions of society usually left to charity were rapidly being secured by law, justice thus taking the place of charity. Every good movement was prosperous, and both the promise and the realization of the highest blessings of civilization were more in evidence than at any former period of the world's history.

But a dark cloud came, and a dreadful and destructiv storm broke. And now the sum total of human misery is perhaps greater at the present moment than ever before since time began. What a crash! Do you realize that we are now in the midst of the greatest war ever known? And no one knows how long it will last. Will it be another "thirty-years' war"? When can the English and the Russians be expected to give up? And the way the Germans fight it looks as tho they would prefer extermination to surrender.

Whether it continues long or not, it has already markt 1914 as the black and bloody year. A century hence, the descendants of this generation will talk of this war as we talk of the Napoleonic wars. We say, what a big fool Napoleon was, and how he made fools of his contemporaries. They will say of the present generation, "How foolish!"

As we sit comfortably by our fireside during this awful winter, the sum total of pain, misery, exposure and privation is greater than ever known before, the only one comparing with it being the winter of Napoleon's Russian campaign. The difference to us is, we are lucky. We are in a land of peace and plenty. And may we fervently hope and pray that no wave of insanity like that which is now sweeping over Europe shall ever sweep over this fair land. We will not toast "The Day" of such insanity. We will toast the day of the present sanity and its consequent blessings; may our sanity ever continue.

Think of the trenches, half filled with ice cold water, the home of soldiers day and night. The only alternativ is exposure to bullets and bursting shells; the only relief, a bayonet charge against fellow beings similarly situated. The insanity of it all; the foolishness. Why should men leave the comforts of home to freeze and fight? We read of Napoleon's Russian campaign a hundred years ago and say, how stupid; how absurd. And after all these years of supposed enlightenment, men are doing the same foolish destructiv things again, only on a larger scale than ever known before. A few thousands of men on each side used to make great military history. Napoleon did it on a grander scale, and counted his soldiers by the *hundred* thousand. Now it is *millions* on each side. A hundred thousand fully equipt soldiers do not count for very much any more.

Some say that it is a war for commercial advantage. When can any such advantage, however complete, ever hope to make up the waste, destruction and disaster already incurred?

Some say it is for extensiv political domination.

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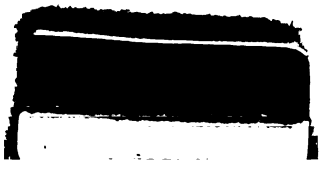

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